

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

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 14 May 2020, with Dr Maxwell Mclean in the Chair, and Dr Tanya Claridge acting as Trust Secretary, the minutes of the previous meeting on the 12 March 2020 were read and approved.

Signed: \_\_\_\_\_ Chairperson

Signed: \_\_\_\_\_ Director of Governance and Corporate Affairs

<b>Date:</b>	Thursday 12 March 2020	<b>Time:</b>	10:15-13:30
<b>Venue:</b>	Listening for Life Centre, BRI	<b>Chair:</b>	Dr Maxwell Mclean
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean (MM)</li> <li>- Ms Trudy Feaster-Gee (TFG)</li> <li>- Mr Mohammed Hussain (MHu)</li> <li>- Ms Julie Lawreniuk (JL)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Ms Selina Ullah (SU)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive (MP)</li> <li>- Mr John Holden, Director of Strategy &amp; Integration (JH)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Dr Bryan Gill, Chief Medical Officer (BG)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mrs Sandra Shannon, Chief Operating Officer (SES)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) (minutes)</li> <li>- Fiona Langland, Consultant Breast Surgeon, (FL) (for patient story)</li> <li>- Emma Bishop, Clinical Psychologist, (EB), (for patient story)</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- 1 Governor</li> <li>- 1 member of staff</li> </ul>		

No.	Agenda Item	Action
<b>Section 1: Opening Matters</b>		
	<p><b>Chair's Opening Remarks</b></p> <p>MM welcomed the Board of Directors, those in attendance and those observing the proceedings, to the meeting. MM referred to the agenda items to be considered.</p>	
<b>Bo.3.20.1</b>	<p><b>Apologies for absence</b></p> <p>Apologies for absence were noted for the following:</p> <ul style="list-style-type: none"> <li>- Mr Jon Prashar (JP).</li> <li>- Professor Laura Stroud (LS).</li> </ul>	

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Bo.3.20.2	<p><b>Declaration of Interests</b> 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.3.20.3	<p><b>Patient Story</b> KD welcomed Fiona Langland, Consultant Breast Surgeon, Breast Surgery (FL) and Emma Bishop - Clinical Psychologist, Clinical Health Psychology (EB) to support the Board's discussion in relation to Claire's story.</p> <p>In a video story (<a href="https://vimeo.com/396675824/7e70557fa4">https://vimeo.com/396675824/7e70557fa4</a>), Claire described her experience of her diagnostic pathway and how her diagnosis was shared with her. She described feeling reassured and supported through the process. She then went on to describe her experience of surgery, again describing how reassured she felt and that staff were being 'ultra careful'. Breast care nurses supported her through appointments and procedures. The Chemo was gruelling but she felt really supported by the ward 16 team. They used the cold cap method during which time the staff were friendly and the experience over all was a positive one. During that time, she had the 24 hour number which was a godsend because she could call them whenever she needed them and whenever she was scared.</p> <p>Her breast care nurse referred her to clinical psychology, which took a bit of time, but got her first appointment in January. She had tried counselling before, but it didn't work for her as it felt very one sided whereas having the clinical psychologist, it felt more of a 2-way discussion, which was very helpful and she managed to develop a good relationship. One thing that helped was just to have little things like teas and coffees on the wards, which gave some comfort because there are some waiting times, such as one instance in outpatients, where she'd wait for hours but knew that the consultants were supporting one patient to keep going with their journey. She said that the staff are doing their best trying to look after the patients as well as they can and sometimes appointments may take longer but only because they're trying to give extra care to their patients..</p> <p>The main purpose of the video was to send a message of thanks to all the staff who have given her so much support, to the point that with this overall type of experience, you'd never want to go back again, but every time she goes back she feels so comfortable and is thankful for the kind supportive culture in the service. .</p> <p>KD reflected on the positive story, and reported on improvements that have been made to the ward 16 day case unit. KD stated that the patient was very kind, articulate and gracious in relation to her waits in outpatients, but there was a need to review waiting times and ensuring that people were aware of those times as often people don't know or understand why they're waiting. This also links to other patient stories received by Board where children were involved.</p> <p>MM invited comments from Fiona Langland, Breast Consultants and</p>	

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	<p>Emma Bishop, Clinical Psychologist.</p> <p>FL explained that Claire is not a typical patient. She lives in the east of Leeds and it was a time during which they weren't seeing patients in the clinic for 5 weeks. She was referred back to Leeds for her Chemotherapy but said she wanted to stay in Bradford due to the relationships she had built. There have been a lot of struggles in last 6 months related to her experience with Chemotherapy on ward 16, but these have not resulted in any complaints which are a testament to the team.</p> <p>EB added that what does not come across in the video is the struggle that patients face in order to take care of themselves during treatment and may or may not be something that is shared with the wider team. It raises a lot of anxiety for people and for Claire in particular, EB learnt that when the treatment is finished, it's actually not finished because there's the hormone treatment that then commences. For someone like Claire who was taking care of her family and managing her career; those areas needed extra attention. It's being able to share her story through the video which is really significant and represented her getting some closure on what she has been through. The way people speak to patients and the sense of feeling cared for can really make a difficult experience much more manageable.</p> <p>MP asked how many women receive this level of psychological care as it can be fairly variable in different parts of the country.</p> <p>EB stated that the psychology services for cancer is really quite small. They have less than half of a post for all cancer. Breast care nurses are very good with tuning into distress and make referrals. EB was concerned that they don't meet the needs of enough as those who do receive this service do very well with good outcomes. Not everyone needs therapy however and the team is doing other things to reach people including supporting breast care nurses through supervision. With regard to accessing the service; there are between 40 and 50 referrals a year. They are not time limited or restricted in terms of the number of sessions which means they can be very responsive. Last year number of sessions individuals received ranged from three to 26 sessions which provides an idea of the variability. About 350 patients are treated a year for breast cancer.</p> <p>MM asked about the 24 hour support, what it comprises, its purpose and, how it is resourced.</p> <p>BG confirmed that it was part of the acute oncology nursing service which is offered to all oncology patients due to their risk of overwhelming acute infections. The clinical staff encourages patients to get in touch if they are worried they do need to be seen fairly urgently. BG explained that chemotherapy reduces immunity to fight infection and a patient can be overwhelmed with infection. As such, it is really important that people know there is somebody they can contact immediately to discuss and act on their concerns. Patients are able to bypass A&amp;E and come straight to the ward if required. Protocols are in place for depending on the specific oncological problem but it is early intervention that is proven to work.</p>	

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	<p>KD thanked BTM for the production of the video. The Board noted that all videos are used as teaching tools with members of staff and permissions are always sought from the subjects prior to their use.</p> <p>KD noted that the outputs of the staff would be used by the service to consider when making improvements.</p> <p>SU queried if consideration should be given to increasing the use of counselling and the resourcing of psychological support. BG confirmed that this is an issue across the system and, across all long term conditions. He added that many charities linked to the cancers are beginning to explore the provision of these support therapies further.</p> <p>MM thanked FL and AB for sharing Claire's story.</p>	
<b>Section 2: Business from Previous Board Meeting</b>		
<b>Bo.3.20.4</b>	<p><b>Minutes of the Meeting held on Thursday 9th January 2020</b> The minutes of the meeting held on the 9<sup>th</sup> January were approved as a true and accurate reflection of discussions and decisions at the meeting subject to the amendment of a few typographical errors.</p>	Director of Governance and Corporate Affairs
<b>Bo.3.20.5</b>	<p><b>Matters Arising</b> The following actions from the log were reviewed and the outcomes agreed.</p> <ul style="list-style-type: none"> <li>• <u>7/11/2019 Bo.11.19.31. Reservations of Powers to the Board and Scheme of Delegation.</u> TC to bring to the Board after the Audit and Assurance Committee has reviewed. TC confirmed that this item was on the agenda for this meeting of the Board of Directors following review at the Audit and Assurance Committee. <u>Action closed.</u></li> <li>• <u>09/01/2020 Bo.01.20.3 Patient Story.</u> BG to take communication relating to cancer diagnosis and the communication of bad news forward into the collaborative. BG confirmed that this has been picked up by the patient experience improvement collaborative. <u>Action closed.</u></li> <li>• <u>09/01/2020 Bo.01.20.7 Report from the Chief Executive.</u> To share the letter sent to Estates and Facilities staff with the CQC. MP confirmed that this action has been completed and the letter will be provided to the CQC when the factual accuracy of the draft report is. <u>Action closed.</u></li> <li>• <u>09/01/2020 Bo.01.20.7 Report from the Chief Executive: University of Bradford areas of collaboration.</u> As leadership teams, we should come together, in a Board to Board meeting, as the Chancellor shapes her team and strategy. MP confirmed that this item has been added to the Board Development sessions planner. Date of delivery to be determined once the current system wide work relating to COVID preparation is completed. <u>Action carried over.</u></li> <li>• <u>09/01/2020 Bo.01.20.9 The Quality Committee should undertake a deep dive into risk ID 3468.</u> SES confirmed that a presentation had been received and noted by the Quality Committee at its meeting on the 26<sup>th</sup> February 2020. <u>Action closed.</u></li> </ul>	

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<b>Section 3: Business Reports</b>		
<b>Bo.3.20.6</b>	<p><b>Report from the Chairman</b></p> <p>MM asked the Board to note the contents of the report which focussed particularly upon actions and activities related to the Council of Governors. MM requested that the Board take particular note of the following three key items:</p> <ul style="list-style-type: none"> <li>• The approval by the Council to undertake a search to recruit a Non-Executive Director (following the resignation of Mr Amjad Pervez) to the Board. The Council had determined that it would prioritise its focus on candidates who reflected the diversity of Bradford's population and demonstrated experience with regard to business acumen.</li> <li>• The good news with regard to the reappointment of Ms Ruth Wood, (Staff Governor: all other staff groups) and Dr Kavitha Nadesalingam (Staff Governor: medical and dental) to the Council of Governors.</li> <li>• The detailed briefings provided to Governors from Executive colleagues which covered Command Centre, End of Life Care and developments with regard to the Long Term NHS Plan. MM placed on record his thanks to the Executives for these briefings.</li> </ul> <p>MM referred to the inaugural three-way Board session scheduled for May involving Airedale NHSFT, Bradford District Care Trust NHSFT and, Bradford Teaching Hospitals NHSFT, convened to discuss developments with regard to the delivery of Integrated Care. MM asked the Board to note that in April the three Chief Executives and Chairs would meet to plan for an effective use of the time set aside in May.</p> <p>MM informed the Board that he had accepted an invitation to join the Board of an applied research project titled 'ActEarly'. The project is led by Professor John Wright, Director of the Bradford Institute for Health Research. The first meeting takes place on 26 March. The research project has a strong focus on education and healthy starts to life. MM added that he was hopeful that the links with BTHFT would be beneficial in terms of supporting good, healthy development for young children in the Bradford district.</p> <p>MoH queried if NEDs were able to attend the engagement sessions scheduled for Governors. MM stated that he thought this would be beneficial in supporting healthy debate and further discussions between NEDs and Governors. MM added that the sessions had been scheduled at the request of Governors where they wished to gain more detailed insights into those areas. It was agreed that in future invitations to these sessions would be extended to all NEDs.</p> <p>The Board of Directors noted the report from the Chairman.</p>	<p>Director of Governance and Corporate Affairs</p>
<b>Bo.3.20.7</b>	<p><b>Report from the Chief Executive</b></p> <p>MP provided a verbal report to the Board of Directors.</p> <p>MP referred to the previous Board meeting and the presentation delivered by the Director of Strategy and Integration which reflected BTHFT's desire to create a '2020 vision'. Within that four key areas of operation were described.</p>	

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	<ul style="list-style-type: none"> <li>• West Yorkshire &amp; Harrogate (WY&amp;H) Interface</li> <li>• Bradford and District Place</li> <li>• The horizontal collaboration between BTHFT and Airedale NHSFT on an acute provider basis</li> <li>• BTHFT</li> </ul> <p>The Board noted the following developments with regard to each of these areas.</p> <p><u>WY&amp;H Interface:</u> MP attended the Partnership Board held in Huddersfield on 3 March. She advised of the agreement to press ahead with publication of the Five Year Plan (previously on hold due to the election and post-election period) which has now been green lighted and published in its entirety. The plan describes key aspirations, objectives and ambitions of the partnership and its role in seeking to improve the health and wellbeing of its collective population. The plan calls for a collaborative approach in addressing ‘10 big ambitions’; mentioned in the Trust’s approach in defining the BTHFT 2020 vision. On 3 March MP also attended the West Yorkshire Acute Association of Trusts (WYAAT). The key item noted was the conclusion of the public consultation on vascular services. WYAAT was now awaiting the decision from NHSE on whether to approve the preferred option which would see the consolidation of complex vascular work on the BRI site to serve the population of Bradford Airedale, Calderdale and Huddersfield. MP advised that a steering group has been scheduled for 16 March (which MP will chair) in readiness to take on the additional activities on behalf of those other providers, in the event that the preferred option is approved by NHSE.</p> <p><u>Bradford and District Place:</u> From March MP took on the Chair role of the Bradford &amp; District Health Care Partnership (BDHCP) from the retiring CCG clinical chair. The partnership has reviewed the programme and work streams and rationalised these with the intention to ‘go further, faster with fewer work streams’. Discussions have taken place across the health and care partnership to agree which work streams are key priorities. MP added that she expected that this would be approved at the Integrated Care Board scheduled for 20 March. In response to a query from MM, MP confirmed that the workstreams identified which have been tested with all stakeholder organisations are; diabetes, cardiovascular disease, frailty, respiratory and, outpatient transformation. The approach proposed is that instead of both health care partnerships undertaking all of those work streams; the responsibility of leading them will be shared between them to support a more integrated and whole place approach.</p> <p>MP offered her congratulations to Helen Hirst, newly appointed CEO for the combined CCG of Bradford District effective 1 April.</p> <p>In response to a question raised by MM regarding the time commitment in chairing the BDHCP, MP advised that it was a monthly meeting which she had previously attended with administrative support provided by the CCG.</p> <p><u>The Horizontal Collaboration between BTHFT and Airedale NHSFT on</u></p>	

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	<p><u>an Acute provider basis:</u> MP reported that she had chaired a meeting with the Strategic Collaboration Board on 16 January at which seven key priority areas were approved for action. In year one the programme met with a significant number of clinicians from BTHFT and ANHSFT to explore opportunities and drivers for collaboration. These areas are:</p> <ul style="list-style-type: none"> <li>• Gastroenterology and Hepatology</li> <li>• Stroke</li> <li>• Urology and Orthopaedics</li> <li>• Anaesthetics and Theatres</li> <li>• Respiratory</li> <li>• Paediatrics</li> <li>• Maternity and Gynaecology</li> </ul> <p>They have the greatest need and opportunity for maximum benefit through collaboration. The full weight of the programme management team can be focused on identifying and enacting change at pace. The Strategic Collaboration board meets again on 18 March.</p> <p>BG commented that even though there is a focus on the areas the highlighted by the CEO, he asked the Board to note that the relationships in other services will not be lost as discussions continued to take place. JH further reassured the Board that the focus with regard to the diabetes programme, whilst not captured within the priorities list, was still captured within work on-going across the whole Place.</p> <p><u>Our Trust:</u> MP reported that she had now undertaken face-to-face meetings with all local MPs.</p> <p>MP reported that on 9 January the CQC inspection period closed. The Trust was now in receipt of the draft report and had until 14 March to correct any inaccuracies which may have a bearing on the overall rating. Thereafter the CQC will review all information provided, hold a formal review meeting in early April and then publish the final report. MP reported that she and the Chief Nurse had met with the CQC earlier in the day to support their understanding of additional evidence provided to the CQC. MM stated that, recognising that it was a draft confidential report, he had at an earlier closed meeting discussed the current position with NEDS.</p> <p>MP highlighted the Work as One week (10 to 14 January) where the key areas of focus were to improve the flow of patients, expediting admissions through A&amp;E and, expediting patient discharge back into the community. There was a focus on team work and the delivery of activities aimed at improving morale and valuing staff. At the end of the week marked improvements for patients were evident in the following key metrics:</p> <ul style="list-style-type: none"> <li>• Performance against the 4 hour standard went from baseline of 75.89% to 86.98%.</li> <li>• Ambulance Handover within 15 minutes from a 3 mth average of 75% to 82%.</li> <li>• Medical outliers reduced from 33 to 17.</li> <li>• Number of patients with length of stay over 21 days reduced from 97 to 89.</li> </ul> <p>MP commented that the work as one week does work and provides</p>	

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	<p>insights to things that can be mainstreamed into the way things are delivered on a day to day basis. Pleased to see others who were invited from partner organisations participating within the week. MP stated that a planned formal evaluation on the outcomes from the week will be undertaken by the executive lead for the Work as One Week, the Chief Operating Officer. In particular there will be a focus on the learning and outcomes from the week including the embedding of improvements moving forward. MP did add that this evaluation may need to be delayed dependent upon the emergency planning work of the Trust in relation to COVID-19. SES added that there are lessons that could be taken forward from the week in terms of supporting sustainability. MP provided a comprehensive overview of the current impact of the Covid-19 pandemic. She stated that the Trust was fully focussed on its preparedness to ensure it was as resilient as possible. A full gap analysis against the requirements of the guidance has been undertaken. Actions are either complete or in place to address all of the requirements. Those include that we have a full coronavirus command centre which takes place seven days a week led by SES as the gold command centre lead. There are daily silver command meetings. All executives are required to engage in teleconferences orchestrated by the department. A full risk assessment has been undertaken with a comprehensive action log maintained. A communications strategy is in place for key messaged to staff, patients and visitors in line with current national guidance. There is ongoing training and procurement of personal protective equipment (PPE). A series of walkthroughs have been undertaken with Infection Control colleagues to determine how best to transfer patients between departments where required. Pharmacy and procurement re working closely with suppliers to maintain adequate stocks. There are three Covid-19 assessment pods located adjacent to A&amp;E for screening of suspected patients. MP asked the Board to note that guidance with regard to screening changes on a regular basis. The trust is also working with system partners chaired by Kirsten England, CEO, BMDC that included a wide range of sector representatives including health, police, faith, voluntary – all that will have a role to play with regard to the city of Bradford and its surrounding environs. Detailed business continuity plans have been developed aimed at maintaining critical and essential services and supporting screening out in the community.</p> <p>In concluding her report, MP advised of the report in the HSJ which reported that BTHFT was one of 23 Trusts across the country identified as 'digital aspirants' as recognition of the Trust being digitally ambitious. As a consequence of this recognition the Trust will receive £3 to £6 million over the next three years to support the realisation of its ambitions. TF-G congratulated CF on her work in leading the Trust with regard to its digital ambitions. This was echoed by the Board.</p> <p>In response to a query raised by MoH in relation to any concerns with regard to the procurement of testing kits, SES stated that the Trust was in a good position. The guidance would shortly be changed to focus on a symptom based diagnosis rather than a reliance on testing.</p> <p>MM thanked MP for her comprehensive report.</p>	

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<b>Section 4: Delivery of the Trust's Clinical Strategy</b>		
<b>Bo.3.20.8</b>	<p><b>Integrated Dashboard</b></p> <p>MP stated that from the headlines described in the dashboard there was a high level of positive performance however, the report also included a number of areas that are red, remaining red or, have deteriorated to red. MP stated that under the following agenda items the Board would have the opportunity to discuss concerns not captured in the committee reports or referenced by the executive leads. MP also asked the Board to particularly note that the document was static and some of the information included was not as timely as the updates provided by the Executives.</p> <p>MM confirmed with the NEDs that they had the opportunity to consider the dashboard, that they had noted any areas they wished to consider further and where those areas were not addressed by the executives they would raise their concerns during the course of the discussions.</p>	
<b>Bo.3.20.9</b>	<p><b>Report from Integrated Governance and Risk Committee</b></p> <p>MP presented the regular report from the Integrated Governance and Risk Committee (IGRC). The report related to the meetings held in January and February 2020. The Board of Directors were directed to the overview of work of the IGRC as described within the paper and the associated appendices. MP drew attention to the following key movements</p> <ul style="list-style-type: none"> <li>• The two risks closed which relate directly to the Wholly Owned Subsidiary (WOS).</li> <li>• Number of risks added to the register in relation to stroke, partnership working, system wide planning and decision making</li> <li>• Risk closed in relation to the viability of the Pathology Joint Venture.</li> <li>• A reputational risk has been escalated with regard to Maternity Services</li> <li>• Addition of the challenging risk faced with regard to Coronavirus.</li> </ul> <p>The Board confirmed that the contents of the report provided assurance that the work of the IGRC provides executive oversight of and assurance associated with the strategic risks being mitigated and managed by the organisation.</p>	
<b>Section 4a: Quality</b>		
<b>Bo.3.20.10</b>	<p><b>A report from the Quality Committee</b></p> <p>MM referenced the report authored by the Chief Medical Officer and the Chief Nurse. MM referenced the full suite of documents provided and invited BG and KD to provide their assessment of the position with regard to Quality.</p> <p>BG referenced the indicators that reflected positive and sustained performance. The key items referenced in detail were:</p> <ul style="list-style-type: none"> <li>• <u>Mortality</u> which has moved from 'better than' expected to 'within expected' which was part of the process of managing mortality on a rolling average.</li> <li>• <u>Endoscopy</u> and the link between performance and quality. The Committee has received detailed reports on the work in relation to</li> </ul>	

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	<p>the backlog of patients and in particular the identification of a delay in surveillance of a cluster of patients that may have led to a delay in the identification of particular cancers resulting in subsequent harm. BG stated that the assurance and oversight systems are working. The deep dive concluded that there was evidence of a trajectory of improvement that will begin to address the long surveillance waits. By bringing those down, the Trust can be more confident about potential risk of harm in relation to the timeliness of surveillance pathways. This will be kept under review at Quality Committee.</p> <ul style="list-style-type: none"> <li>• <u>Re-admissions</u>. The Trust was now at a point of understanding the baseline of data quality issues between emergency and non-emergency re-admission. A ‘task and finish group’ has been established to examine ‘hot spot areas’ in services for re-admissions. Four areas have been identified across the Trust and the group will look in detail at the cause of those re-admissions. At the present the Trust is an outlier compared to the regional and national picture. Further reports will be presented to Quality Committee and Board on the scrutiny and review of re-admissions along with the interventions and actions to support improvements.</li> <li>• <u>Patient Safety Strategy</u>. Committee discuss the strategy, published in July 2019, which is now going through a formal consultation process. The Trust has submitted a return in response to the consultation with a focus moving forward on shifting from only focussing on when things go wrong but also applying a focus to when things go right.</li> <li>• <u>Stroke</u>. The Stroke service escalation to the Strategic Risk Register. The Committee recognised the challenges faced in the service with regard to the ‘front door care’, staffing, the discharge pathway alongside speech and language therapy and other therapy services.</li> <li>• <u>Deteriorating Patient Work</u>. The work identified within the report and the monitoring to be undertaken following the launch of the deteriorating patients’ tile in the Command Centre will provide early interventions for those patients with regard to sepsis as well as supporting real time tracking and monitoring of all patients. The screening for sepsis has significantly improved. BG stated that this digital maturity, with regard to the ability to track and intervene at an earlier stage provides great benefits particularly to the Trust’s sickest patients.</li> </ul> <p>MM invited the Chief Nurse to provide her report. KD provided position statements with regard to the following areas.</p> <ul style="list-style-type: none"> <li>• <u>Staffing</u> – Detailed scrutiny with regard to staffing has been undertaken by the Committee with some escalations as a result of that scrutiny. Seeing an increasing number of falls with some correlations between areas, particularly with regard to the elderly where staffing levels have not been at their optimum levels. Continued winter pressures requiring additional beds open and, having an additional ward open, combined with short term sickness absence is impacting on the numbers of staff available at certain times. There is an impact on the care provided as these are not levels we would usually see. The Trust is also focussed on a wide range of options with regard to recruitment, especially in relation to the recruitment of HCAs using</li> </ul>	

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	<p>the training apprenticeship route and, considering overseas recruitment in nursing as are many other Trusts. KD added that whilst vacancies are static, there has not been a step change in the position for a number of years with an underlying vacancy rate of between 10 and 11%.</p> <ul style="list-style-type: none"> <li>• <u>Infection Prevention and Control (IPCC)</u>. Quarterly reports and exception reports are reviewed by the Quality Committee. With reference to the dashboard the C.difficile marker is above where the Trust would like it to be. There have been changes in how C.difficile was counted from 1 April 2019. A detailed review of all cases has taken place and assurance provided to the Quality Committee re changes as to how this will be counted from 1 April 2019 and a detailed review of all cases has been undertaken and presented to the committee which determined that there were no lapses in care.</li> <li>• <u>Maternity</u>. Monthly discussions have taken place at Committee with regard to maternity services including theatres, 1:1 care in labour and, still birth rates. KD added that the next agenda item would provide further detail.</li> </ul> <p>CF asked the Board to note from the IG report included within the appendices</p> <ul style="list-style-type: none"> <li>• The closure of the open information governance breach with the Information Commissioner with no further action taken by the Information Commissioner's Office.</li> <li>• The Annual data security protection toolkit is due for submission at the end of March every year which requires approval from the Board of Directors. It is complete with the exception of the required training numbers.</li> </ul> <p>CF requested that the Board delegate approval to the Quality Committee to allow two additional weeks to improve the training numbers. In response to a question from JL, CF stated that she was confident that the Trust would achieve the required 95% in training numbers as they do every year. The Board approved delegation to the Committee.</p> <p>BAS stated that approximately a year ago the Trust celebrated the improvements in stroke services as measured by SSNAP which was raised from E up to B. BAS asked about the causes of the deterioration and how these would be rectified. BG stated that it was quite a significant acceleration to move from E to B at that time. The SSNAP measures refer to the 'front door', inpatient pathway and discharge. BG stated that since the score previously received the Trust has integrated its reporting with Airedale NHS FT and as such there is a single report measuring the totality of the system. Problems at Airedale or at BTHFT will have an impact on the overall rating. BG referred to the 'normal staffing challenge' in relation to the stroke responder service which has not been consistently delivered. That model has now been changed. BG also referred to the issues with the delivery of the Speech and Language Therapy services and the absence of staff to deliver the service. The Board noted that this is delivered by Bradford District Care Trust which has now appointed new staff to the service however this has created a time-lag. BG stated that with regard to positives, whilst the last quarter has recorded D in the SSNAP data the scores have been close to the C ratings and it is anticipated that this will be achieved in the next</p>	

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	<p>two quarters. BG referred to the work being undertaken to support sustained improvements including the use of data to drive improvements and the establishment of a new stroke network across West Yorkshire.</p> <p>BAS also requested further clarity on the actions being taken with regard to Length of stay (LOS) for stranded patients. SES advised that stranded patients will always increase in winter as a result of various conditions and factors. Whilst the trend reflects that of other acute providers she asked the Board to note that BTHFT has a very low level of stranded patients and the trust has been identified as an exemplar in terms of how it manages LOS. SES detailed the actions and protocols in place with regard to the review of all stranded patients.</p> <p>With regard to questions raised regarding a review of demand that may occur in relation to covid-19, SES advised that a detailed discussion would take place at closed Board with regard to preparations. SES also confirmed that a Covid-19 dashboard was in development.</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>	
<p><b>Bo.3.20.11</b></p>	<p><b>Maternity Highlight Report</b></p> <p>KD asked the Board to note the detailed report presented which was previously discussed and considered by the Quality Committee. KD advised that quarterly updates had always been provided to the Quality Committee. Following on from response to CQC in January, additional assurance was provided to them to on a number of metrics which are now included in the report – these are 1:1 Care in Labour and Still birth. KD stated that with regard to the actions and quarterly indicators there are areas of good and positive practice highlighted. KD referred to the slide pack and the Board noted the following key points:</p> <ul style="list-style-type: none"> <li>• Report headlines in the Q3 maternity report including comments on CQC inspection, new dashboard and outcomes as part of that dashboard.</li> <li>• Reference to the January 2020 presentation to the Quality committee that provided an in depth view on all stillbirths from the previous calendar year.</li> <li>• The positives with regard to intrapartum care. Now seeing a trend of smaller babies. The meeting also looked at the PMRT – a tool to review stillbirths.</li> <li>• In Q3 there were 10 stillbirths and for a number of cases the reports on the cause were still awaited. There have been 3 HSIB (health and safety investigation branch) cases reported in Q3 and currently there were 5 current cases. The feedback received has been some lessons to learn, but nothing alarming. These are being fed through to the patient safety committee.</li> <li>• 2 SIs (serious incidents) occurred in Q3</li> </ul> <p>KD provided an update on the position in January and February.</p> <ul style="list-style-type: none"> <li>• In Q4 the team will focus on 1:1 care in labour. KD asked the committee to note that 1:1 care in labour rate fell in January, but has increased to over 70% in February. The next step change is expected with the recruitment of an additional midwife to intrapartum</li> </ul>	

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	<p>areas.</p> <ul style="list-style-type: none"> <li>There will be a fortnightly deep dive into stillbirths. There were a total of 4 in January, 4 in February. In reviewing the February cases, there was a trend in the number of women who were quite late on in pregnancy. Following a review of those cases safety notices have been re-issued across maternity to reinforce key messages.</li> <li>KD advised of the executive meeting scheduled for the following week to consider how to support maternity to be outstanding and, the preparation planning is underway on the £3.4m maternity theatre suite which is expected to begin in July 2020.</li> </ul> <p>MM stated that he was conscious that the Trust was in discussions with the CQC with regard to maternity services. He stated that he knows that the Board is passionate about providing outstanding maternity services in Bradford, one of the youngest cities in Europe, and the way in which the Board will support that is through the receipt of assurance reports at each Board meeting. MM thanked KD for her report.</p> <p>SU queried how effectively the Trust thought it was doing in delivering key messages to women with regard to reduced foetal movements as there may be a perception that initiatives are started and then not sustained. KD advised that there was evidence of an additional 2000 women attending the maternity assessment centre with reduced foetal movement. BG stated there was scope in continuing to keep reaching out across the district to reach as many communities as possible to encourage women to attend. He added that it might be only one or two out of a thousand where abnormalities are found but it is better to encourage women to attend if they have any concerns.</p> <p>MM referred to Maternity Impatient Service survey. KD agreed that it was very positive and indicated a step change on previous survey results. KD advised that this would be reviewed in more detail by the Quality Committee in March.</p> <p>The Board agreed that the content was informative. In particular it was helpful that the information was presented in slide form.</p>	
<b>Section 4b: Finance and Performance</b>		
<b>Bo.3.20.12</b>	<p><b>A report from the Finance and Performance Committee</b></p> <p>MM invited MH and SES to draw to the attention of the Board the key items of note from the dashboard and the report from the Committee.</p> <p>MH stated that he would focus on the financial aspects of the committees strategic objectives. The summary provided was intended to capture the five indicators included in the dashboard and the information in the detailed financial report attached. MH stated that the two main strategic risks reviewed by the committee are: to deliver the financial plan in terms of maintaining financial stability and sustainability and, ensuring BTHFT has sufficient cash to support that income and expenditure run rate. Both risks are currently rated 12. The Board was asked to note the following:</p> <ul style="list-style-type: none"> <li>The month 10 (January) financial position (excluding the impact of</li> </ul>	

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	<p>BHFML) is on plan.</p> <ul style="list-style-type: none"> <li>• The overall position is driving the Trusts Use of Resources (UoR) rating of 3 (excluding BHFML would result in an on plan rating of 2).</li> <li>• The discussions held across the Integrated Care System (ICS) are that the impact of the BHFML has been recognised and regional underspends will be identified to offset the impact.</li> <li>• In totality, the ICS will deliver its overall control total. As a result, the Trust and the ICS will recover the full value of the Provider Sustainability Funding and Financial Recovery Funding (which for BTHFT equates to £12.5m).</li> <li>• The majority of the financial impact associated with BHFML does not impact on the Trust's cash position.</li> <li>• MH noted that in delivering the forecast £12.5m deficit control total the Trust has utilised a number of non-recurrent measures. A number of these have become available in the preceding few months. In particular, support from the ICS and Commissioners reviewing their financial positions.</li> <li>• The Trust would be reporting slippage on the capital programme 2019/20 into 2020/21 which equates to approximately £4m. The next Finance and Performance Committee is due to receive the 2020/21 Capital Programme with a current indicative value of £20.8m.</li> </ul> <p>MH stated that overall the three key issues he would wish to draw out from the financial perspective was that the Trust was on plan at the end of month 10. The Trust was forecasting delivery of the control total for the £12.5m deficit. Cash and liquidity was slightly ahead of plan and forecast to be slightly ahead of plan at year end. MH stated that the underlying run rates create concern for the forthcoming year and that is reflected in the financial planning paper to be presented at closed Board.</p> <p>SES delivered the report on performance. She opened by stating that there was an improving picture across all metrics. However, there was an ongoing challenge with regard to the Cancer 62 day targets.</p> <ul style="list-style-type: none"> <li>• BTHFT has worked to reduce patient backlog but the greatest barrier to making progress is the availability of radiotherapy which BTHFT purchases from Leeds. Frequent escalation discussions have been held however there have been issues related to staff sickness and an increase in demand. This is the single biggest cause of delays in 62 day pathway.</li> <li>• All services have been very responsive and certainly for prostate cancer. Access to more surgery was a challenge (weekend lists have been added) but all surgeons have been very responsive and proactive in managing pathways.</li> <li>• Leeds is seeking to address the staffing issues they are experiencing but it is providing difficult.</li> <li>• At the present time BTHFT is focussed on the early diagnosis standard and recording 'time to diagnosis'.</li> <li>• The 2 Week Waits shows a much improved picture when compared to a year ago however the greatest challenge for 2 week waits is upper and lower GI due to a number of factors affecting endoscopy capacity. There are however mitigations being put in place and there is an improving picture within this area. Two new surgeons are starting in April and May. There is capital funding to open a 6<sup>th</sup> endoscopy room.</li> </ul>	

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	<p>SES stated that she was of the view that the BTHFT did have in place the right improvement programme, work streams and clinical and management engagement to support improvements.</p> <p>SES stated that with regard to ECS the Trust is seeing more sustainability in terms of managing performance. Behavioural change is been significant within the department and witnessing a consistent approach to leadership and management. The work stream is starting to show an impact. Planning is underway for the development of the Blue Zone however, SES stated, she has met with the team as this will have to be delayed as a result of planning in relation to Covid-19. SES stated however that she would be holding discussions with the team to look at alternatives to support increases in same day emergency care over the next year.</p> <p>SES stated that with regard to RTT there was a slowly improving picture with the number of patients over 40 weeks having significantly reduced. SES drew the Board's attention to the key focus being applied to endoscopy waiting times. SES described the information scrutinised and the improving picture with a significant fall in the number of patients on the wait list and with no waiters over 12 months despite an increase in referrals. In response to questions raised by MM SES confirmed that there was still recruitment underway to staff the new endoscopy room. A new workforce model in endoscopy had been developed with a focus on increasing the nurse endoscopy workforce over the next two years.</p> <p>MM invited CF to present her report on Informatics Performance. CF noted that overall it is a good report. She reminded the Board that the Trust had approved a Green IT strategy in December 2019 which is forward thinking relative to other Trusts. She advised that the Finance and Performance Committee is now monitoring the metrics related to green IT.</p> <p>CF stated that a recent review of new Model Hospital benchmarking was undertaken and showed almost all services and above-peer benchmarking. In particular she noted three key areas for which the Trust performed well:</p> <ul style="list-style-type: none"> <li>• Digital maturity,</li> <li>• Adoption of digital tools and</li> <li>• Cost effectiveness.</li> </ul> <p>CF stated that this was particularly significant as having any one with positive benchmarking would be a good news story but having all three together put the Trust in quite a unique position. CF added that other Trusts were calling to ascertain how we had done this. CF stated that this means that the Digital Aspirant programme will have high expectations of the Trust but conversely provides BTHFT with a real opportunity to do something both progressive and to do it well.</p> <p>MM thanked CF for her report. He stated that the Board had heard from MH, SES and CF and asked if there was anything that the NEDs wished to comment or add to. JL stated that committee members recognised the assurance in relation increased confidence with regard to delivering</p>	

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	<p>19/20, but the committee is having a number of conversations about 20/21, namely with regard to the cost improvement plan (CIP). JL clarified that the Committee has noted that 19/20 delivered but only by using some non-recurrent measures and so what the Committee has seen is that the long term plan projections (and with the CIP requirements, as part of those reflects deterioration from where the Trust was when the Committee first reviewed. Subsequent conversations have focussed on the cost improvement plan and processes amongst other things. JL stated that she wanted to make the Board aware of those discussions that 20/21 is going to be difficult. JL stated that MH describes the detail within the paper he has presented.</p> <p>MM thanked JL for her comments.</p> <p>BG raised a question with regard to how all committees get sighted on the read across between finance, performance, workforce and quality. There have been some recent changes made with greater representation than the Executives across the range of Committees which BG welcomed, however he would ask that the Finance and Performance Committee considers how it would derive oversight from a performance and finance perspective in relation to some of these types of problems as Maternity did not fit easily into some of the types of pathways (such as RTT) – how would we measure the service from a performance and finance point of view that overlaps with the quality discussion. BG stated that he would value this discussion going forward and would like to explore it as part of board development session. MM stated that this did deserve some time for further reflection and discussion and agreed it should be considered for a development session.</p>	<p>Director of Governance and Corporate Affairs</p>
<b>Section 4c: Workforce</b>		
<p><b>Bo.3.20.13</b></p>	<p><b>A Report from the Workforce Committee</b></p> <p>PC advised that she would draw out the key issues from the Dashboard, Workforce Report and the Staff Survey Report. PC stated that KD and BG may wish to comment as necessary.</p> <p>PC stated that in terms of the dashboard the following has been considered and noted by the Committee.</p> <p><u>Appraisal Performance.</u> It was noted that performance fell slightly short of meeting target at end of December 2019. However January 2020 saw departments achieving their targets with an improvement to 94.54% and we did not see a dip in January which had been seen in previous years which was a positive change. It was noted that we were reviewing our approach to appraisal with a paper presented to the executive team the end of March.</p> <p><u>Sickness Absence</u> continues to be above target. There is a slightly improved position in January but that was down to a sharp dip in terms of long term sickness so we're not yet seeing short term sickness coming down. It's been agreed that the committee will receive an exception report on short term sickness at the next meeting.</p>	

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	<p><u>Flu Vaccinations</u> This was a good news story. Final uptake figure of 82.9% of frontline staff have been vaccinated which exceeds the target. 6.7% of frontline staff had declined the vaccine, the highest flu uptake figure the Trust has ever had.</p> <p><u>Engagement</u> The Committee held a discussion on what was being measured under the engagement indicator, as it was showing a deteriorating red position. It was noted that it was based on the staff, friends and family results primarily benchmarked to Yorkshire and Humber (Q2 data). PC stated that she had reviewed with CFs team what should be including in this indicator to make it more meaningful. The staff survey was not reflected and yet the Trust is aware that the BTHFT staff engagement scores are above average compared to other acute Trusts.</p> <p>In terms of the dashboard indicators; the Committee noted that it had has worked through nursing care hours and nurse staffing (picked up through the earlier nursing report under Quality).</p> <p>PC advised that at every other meeting the Committee received a detailed workforce report. The last report highlighted workforce issues in relation to the stroke service which was also picked up on in the Quality Committee along with the mitigation plans in place with regard to staffing. Also highlighted were the junior doctor rotas with excessive weekend frequency and the work being undertaken to ensure the Trust has compliant rotas. In response to comments from MM with regard to the recently reported rise in number of exception reports; BG referred to the improvement in the level of exception reporting which was now falling. BG reported on the work that had been undertaken with regard to junior doctors and the appointment of physician associates to support the doctors.</p> <p><u>Apprenticeships</u>. PC advised the committee that it was looking likely that BTHFT would miss the public sector target and finish the year with approximately 112/114 apprentices compared to the target of 134. This was primarily due to the downfall in recruiting Health Care Support workers on the apprenticeship pathway and also the ODP apprenticeship programme due to start in January was deferred by the University to April. There is a plan to promote apprenticeships during April and May to promote apprenticeships for 20/21. PC added that for the first time the Trust's advanced ACP program to be delivered via apprenticeship route.</p> <p><u>CBU Development Programme</u>. PC reported that an in-depth presentation was delivered to the committee by the Head of Organisational Development which was well received.</p> <p><u>Staff Survey results</u>: PC reported that at the February committee she delivered a detailed report and presentation on the staff survey report. The committee was pleased with staff survey results, which were positive. The theme chart is helpful as a summary and can see that the Trust is above average in 10 of the 11 themes, and remained as average with regard to EDI. BTHFT has stayed the same but the national position has deteriorated with regard to EDI. Overall the Committee was pleased</p>	

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	<p>with the BTHFT results. We have seen significant shifts in scores in immediate management, support staff, quality of care indicators, know how to report and incident, error reporting and, staff feeling trusted. PC stated that staff engagement overall has stayed the same, but with improved scores in 7 of 9 areas. The areas that would be focussed on for improvement going forwards were bullying and harassment and, it was noted that that there was an increase in reported 'colleague to colleague' bullying and harassment which was of concern. Violence to staff from patients, relatives, carers and managers. With regard to agreed priorities to take forward these were</p> <ul style="list-style-type: none"> <li>• Staff engagement as an overall priority</li> <li>• Improving morale</li> <li>• Health and well being</li> <li>• Indicators around a safe environment (harassment and bullying and violence at work).</li> </ul> <p>PC stated that these were the main issues that she wished to highlight. MM asked SU if there was anything she wished to add. SU thanks PC for her comprehensive overview of the meetings from January and February.</p> <p>PC further reported on the HR business case developed as a result of a challenge from the CEO on what the HR department would need to provide the best service and how it would best support the CBUs and Care Groups. PC stated that she was pleased to advise the Board that the HR business partnering model had been approved.</p> <p>PC confirmed that she and CF are working on the homeworking policy in terms of how to encourage this and how this would work from a technological perspective.</p> <p>BAS asked how the Trust assesses the quality of appraisals. PC confirmed that there were two measures. There was an improvement in the scores reflected in the staff survey with regard to appraisal. An internal audit was undertaken in the last year focusing on quality of appraisal. PC added that the Human Resources team also undertake random checks which were carried out each year. BG advised that Medical appraisal is distinct from the rest of the staff appraisals and samples are reviewed annually – there is also an annual return to be completed.</p>	
<p><b>Bo.3.20.14</b></p>	<p><b>Nursing &amp; Midwifery Establishment Review February 2020</b></p> <p>KD presented the bi-annual review and advised of the robust discussion held at the Workforce Committee. KD stated that the report was intended to provide assurance to the Chief Nurse, Committee and Board in relation to the nursing and midwifery establishment. She stated that there is a robust process in place for undertaking the review which utilised qualitative and quantitative data and recognised methodology.</p> <p>With regard to the outcomes from this review she asked the Board to note the results. The key outcomes she wished to highlight were the few wards that required some changes to their establishment as detailed within the report. It was also determined that one would benefit from a new role development in relation to an HCA/ward clerk hybrid which had</p>	

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	<p>been costed in terms of nursing on general wards at £157. KD stated that this had been approved in principal however more work was required to understand the impact on the wider Trust.</p> <p>In response to a question raised by TF-G, KD stated that the midwifery paper included within the appendix had been agreed by the workforce committee and included the Committee support for investment in 5.22 midwives and permission to recruit 6.33 FTE midwives. This proposal will also be presented to the Finance and performance committee for agreement.</p> <p>MM referred to the document and the following two recommendations for which the Chief Nurse was seeking support:</p> <ul style="list-style-type: none"> <li>• The Board of Directors are asked to support the 6 monthly review process in relation to the staffing Establishment of nursing and midwifery areas, where there will be an annual in depth review and a 6 monthly table top review to ensure no significant changes have occurred.</li> <li>• The Board of Directors are asked to support the proposals and recommendations of the Chief Nurse to the revised establishment (Appendix 2) for implementation from April 2020.</li> </ul> <p>The Board confirmed its support for these two recommendations.</p> <p>MM advised that information with regard to the designation of wards was available at the website at <a href="https://www.bradfordhospitals.nhs.uk/patients-and-visitors/visiting-times-and-opening-times/">https://www.bradfordhospitals.nhs.uk/patients-and-visitors/visiting-times-and-opening-times/</a></p>	
<b>Section 4d: Partnerships</b>		
<b>Bo.3.20.15</b>	<p><b>A Report from the Partnership Committee</b></p> <p>JH reminded the Board that the most recent bi-monthly meeting of the Partnership Committee was held on 21 January. JH asked the Board to note that the dashboard and the BAF presented reflected the position at the time, considered at the meeting. JH highlighted the following key items:</p> <ul style="list-style-type: none"> <li>• <u>Acute Provider Collaboration Programme.</u> The Committee discussed the reduction in priority areas from approximately 20 areas to seven; members expressed concern that this may lead to a weakening of the programme. It was noted that the decision to reduce the number of priority areas was considered fully and in keeping with the drive to move ‘fewer, further, faster’ (as alluded to previously by MP). There was a clear rationale for the programmes selected which focussed on the greatest need or opportunities for success and; decisions with regard to the seven priority areas were informed by clinical input. JH asked the Board to note that work would still continue on the remaining areas.</li> <li>• <u>Vertical Integration.</u> JH stated that this concerns the work undertaken within the ‘Bradford Place’. A series of updates were provided on developments with regard to the 10 Primary Care Networks (PCNs). One particular area of focus was how the Trust could support the networks to fulfil certain obligations included within the new GP contract, in particular Direct Enhanced Services.</li> </ul>	

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	<p>Practices across Bradford are now required to have access from 1 April to a ‘first contact Physiotherapist’ to triage patients. For individual PCNs to co-ordinate this would be difficult – BTHFT has scale of operation to undertake this on their behalf. That has now moved on apace with regard to recruitment which is being managed by the Trust. It is an exciting development for BTHFT as a provider, particularly with regard to the potential for the provision of more ‘direct enhanced services’ in the future. JL commented that this is a real achievement for the Trust. JH explained how the service provision would work and added that this is a good example of how the risk appetite has informed the approach to taking advantage of such opportunities.</p> <ul style="list-style-type: none"> <li>• <u>Horizontal Integration</u>. JH stated that this relates to working across the West Yorkshire region. The Committee had dealt with the finalisation and agreement to publish the Five Year Plan for West Yorkshire (as alluded to by MP earlier in the meeting) and a desire to have further discussions with regard to the ‘10 big ambitions’ listed in the document.</li> </ul> <p>JH stated that the Committee requests that a session to discuss the 10 ambitions is included on the agenda for the Board Development Day in April.</p> <p><u>Stakeholder Management Strategy</u>. JH stated that the last survey was conducted in the autumn and the results are included on the dashboard. The results are improved on the previous survey both in terms of the number of returns and an increase in the number of respondents reporting that the maturity and quality of the relationship was improved. JH added that subsequent to the discussion at the Committee work will be undertaken to review the criteria by which BTHFT selects the partners to focus on in the stakeholder relationship to ensure that attention is focussed on those relationships that are the most productive and beneficial. The outcomes will be brought back to the Committee at a future date.</p> <p>MM thanked JH for the overview provided on the work of the Committee and how this was reflected in the dashboard. MM further stated that he, as Chair of the Partnerships Committee had nothing additional to add.</p> <p>The Board noted the report.</p>	<p>Director of Governance and Corporate Affairs</p>
<b>Section 4e: Audit and Assurance</b>		
<b>Bo.3.20.16</b>	<p><b>A Report from the Audit and Assurance Committee</b></p> <p>MH advised that the report covered the items considered at the meeting held in February. MH asked the Board to note the purpose of the Committee as described within the paper. He added that the Audit AAC did not have its own specific indicators but rather sought assurance with regard to the controls and process in place to underpin the indicators. MH stated that, as detailed in the paper, the meeting discussed, approved and took note of a number of items. MH drew asked the Board to note that the AAC had:</p> <ul style="list-style-type: none"> <li>• Approved the draft audit plan for the forthcoming year and the accounting process.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Noted outcome and recommendations from 10 finalised internal audit reports with four carrying high assurance, five carrying significant assurance and one carrying a limited opinion. A representative from the office of the Chief Digital and Information Officer reported to the AAC on the limited opinion provided with regard to the Information Asset Register Internal Audit report. The AAC had noted that the audit was undertaken in response to a management request as it was known that there were system weaknesses.</li> <li>• Approved the internal audit plan for the forthcoming year on the basis that further clarification was provided around a number of deferments and cancellations.</li> <li>• Approved the draft Standing Financial Instructions, Standing Orders and Scheme of Delegation with recommendations to the Board of Directors that these are to be ratified.</li> <li>• The AAC noted the current status of recommendations relating to historical internal audit reports; the three benchmarking reports provided by Internal Audit and; a number of standing items provided at each meeting particularly in relation to procurement standards and tendering arrangements.</li> <li>• Received, and accepted a report on Trust compliance with the core standards relating to EPRR.</li> <li>• Considered oversight reports received from the Board Committees. BAS advised that the reports were discussed briefly at the meeting. As the reports were tabled, a detailed review of the reports was undertaken virtually with feedback provided to the Director of Governance and Corporate Affairs to share with the Committee Chairs for their consideration at their meetings at the end of March. BAS advised that there is a tight timescale for the Committees to provide further feedback to the AAC in April and as such there is an expectation from the AAC Committee Chair that any additional work required will need to be undertaken virtually to ensure the receipt of satisfactory assurance reports to support the finalisation of the Annual Governance Statement in May.</li> </ul> <p>MM thanked MH for the report which was noted by the Board.</p>	
<b>Section 4f: Board Assurance Framework</b>		
<b>Bo.3.20.17</b>	<p><b>Board Assurance Framework and Risk Appetite Statement</b></p> <p>MM stated that the Board would now turn to the Board Assurance Framework, and bear in mind the discussions and outcomes with regard to the agenda items considered at the meeting. MM asked the Chief Executive if there was anything additional that the Board should consider. MP stated that in terms of BAF and the delivery of the strategic objectives; moving forward the BAF might look quite different as a result of the response required by the organisation to Covid-19. MP cautioned that the Trust might be instructed (from the regulators) to cease elective work which would have a significant impact on waiting times. As such the BAF may look very different in its next iteration.</p> <p>As per the recommendation in the paper, The Board has noted the risk appetite statement in the context of its discussions. The Board has also reviewed the framework in the context of the papers received and discussions held and, the description of the assurances provided within</p>	

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	<p>the framework itself. The Board confirms that the proposed levels of assurance are appropriate in relation to the Trust's strategic objectives for Quarter 3 2019/20. The Board also strongly notes the reports received with regard to the magnitude of the response that may be required by the organisation in response to the pandemic and that impact that this may have on the delivery of the Trust's Strategic Objectives.</p>	
<b>Section 5: Governance</b>		
<b>Bo.3.20.18</b>	<p><b>Reservations of Power to the Board and Scheme of Delegation and, Standing Financial Instructions</b>            TC advised that the documents had been subject to the appropriate approval processes at the AAC and were presented here for ratification by the Board of Directors. TC stated further to a review undertaken with regard to the Trust's compliance with the Foundation Trust Code of Governance, there was one further amendment requested to the Reservation of Powers to the Board and Scheme of Delegation. This was the addition of a statement to page 3 to ensure the arrangements in place were clear with regard to the management of any disputes between the Board and Council of Governors. The statement to be added was; "A Council of Governors Engagement Policy' is in place for those circumstances where the council has concerns about the performance of the Board of Directors, compliance with the provider licence, or other matters related to the general wellbeing of the NHS Foundation Trust."</p> <p>The Board of Directors approved the Scheme of Delegation and the Standing Financial Instructions.</p>	<p>Director of Governance and Corporate Affairs</p>
<b>Bo.3.20.19</b>	<p><b>Annual Fire Safety Report and Annual Declaration of Fire Safety</b>            SES explained that the completion of the declaration is an annual requirement of the Board. The report seeks to provide assurance that risks arising from fire are effectively managed as described in within the report. SES confirmed that the Trust is compliant with the mandatory requirements of Firecode HTM 05-01: Managing Healthcare Fire Safety and the Regulatory Reform (Fire Safety) Order 2005. The report was received and noted by the Board of Directors.</p>	
<b>Bo.3.20.20</b>	<p><b>EPRR Core Standards</b>            SES stated this too was an annual requirement of the Board. SES advised that by the end of March, the Trust will be reporting as 'substantially compliant' with a minimum of 62/64 (96%) standards in place with an action plan to ensure the remaining standards are completed. The action plan has been received by the Committees. The report was received and noted by the Board of Directors.</p>	
<b>Section 6: Board Meeting Outcomes</b>		
<b>Bo.3.20.21</b>	<p><b>Any other business</b>            There were no other items of business to discuss.</p>	
<b>Bo.3.20.22</b>	<p><b>Issues to add to Strategic Risk Register</b>            There were no issues to be added to the Strategic Risk Register.</p>	
<b>Bo.3.20.23</b>	<p><b>Issues to escalate to NHS Improvement (NHSI)</b>            There were no issues to escalate to NHSI.</p>	
<b>Bo.3.20.24</b>	<p><b>Issues to be reported to Care Quality Commission (CQC)</b></p>	

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	The Board noted that the CQC have received board items related to maternity.	
<b>Bo.3.20.25</b>	<b>Items for Corporate Communications</b> There were no items for Corporate Communications.	
<b>Bo.3.20.26</b>	<b>Date and time of next meeting</b> 14 May 2020 (time TBC).	

**ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 12 March 2020**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12.03.2020	<b>Bo.3.20.4</b>	<b>Minutes of the Meeting held on Thursday 9th January 2020:</b> Minutes to be checked for typographical errors.	Director of Governance and Corporate Affairs		Minutes reviewed. Errors corrected. <u>Action closed.</u>
12.03.2020	<b>Bo.3.20.6</b>	<b>Report from the Chairman:</b> Future invitations would be extended to NEDs for any scheduled executive briefing sessions for the Council of Governors	Director of Governance and Corporate Affairs	Board of Directors 14 May 2020	Mailing lists within Corporate Governance updated to include NEDs. <u>Action closed.</u>
12.03.2020	<b>Bo.3.20.6</b>	<b>Report from the Chairman:</b> ‘How do NEDs derive oversight from a performance and finance perspective in relation to some of these types of issues (such as those reflected with Maternity) as they did not fit easily into some of the types of pathways (such as RTT). How would we measure the service from a performance and finance point of view that overlaps with the quality discussion?’ MM requested that the Board reflect further on this at a future development session.	Director of Governance and Corporate Affairs	Board of Directors 14 May 2020	Update to be provided at meeting with regard to scheduling of board development sessions.
12.03.2020	<b>Bo.3.20.15</b>	<b>Report from the Partnership Committee</b> Further discussions to take place at a board development session, in April, in relation to the ‘10 big ambitions’ listed in the five year plan for West Yorkshire and Harrogate.	Director of Governance and Corporate Affairs	Board of Directors 14 May 2020	Update to be provided at meeting with regard to scheduling of board development sessions.
12.03.2020	<b>Bo.3.20.18</b>	<b>Reservations of Power to the Board and Scheme of Delegation and, SFIs:</b> Statement to be added to page 3 of the Scheme of Delegation; “A Council of Governors Engagement Policy’ is in place for those circumstances where the council has concerns about the performance of the Board of Directors, compliance with the provider licence, or other matters related to the general wellbeing of the NHS Foundation Trust.”	Director of Governance and Corporate Affairs	Board of Directors 14 May 2020	Statement added. <u>Action closed.</u>