

**UNCONFIRMED MINUTES OF THE ANNUAL GENERAL MEETING / ANNUAL MEMBERS' MEETING**

<b>Date:</b>	Thursday, 28 September 2020	<b>Time:</b>	5.00pm to 6.30pm
<b>Venue:</b>	Sovereign Lecture Theatre, Bradford Royal Infirmary – streamed to Youtube	<b>Chair:</b>	Dr Maxwell Mclean, Chairman
<b>Present:</b>	<p><b>Non-Executive Directors</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean, Chairman</li> <li>- Ms Trudy Feaster-Gee, Non-Executive Director</li> <li>- Mr Mohammed Hussain, Non-Executive Director</li> <li>- Mrs Julie Lawreniuk, Non-Executive Director</li> <li>- Mr Barrie Senior, Non-Executive Director</li> <li>- Professor Laura Stroud, Non-Executive Director</li> <li>- Ms Selina Ullah, Non-Executive Director/Deputy Chair</li> </ul> <p><b>Executive Directors</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive</li> <li>- Ms Karen Dawber, Chief Nurse</li> <li>- Ms Cindy Fedell, Director of Informatics</li> <li>- Mr Matthew Horner, Director of Finance</li> <li>- Mr John Holden, Director of Strategy &amp; Integration/Deputy Chief Executive</li> <li>- Ms Pat Campbell, Director of HR</li> <li>- Dr Bryan Gill, Medical Director</li> <li>- Ms Sandra Shannon, Chief Operating Officer/Deputy Chief Executive</li> </ul> <p><b>Governors</b></p> <ul style="list-style-type: none"> <li>- Mr Dermot Bolton, Public Governor Bradford West</li> <li>- Mr Alan English, Public Governor Bradford South</li> <li>- Mr Mark Chamber, Patient Governor</li> <li>- Ms Pauline Garnett, Staff Governor Nursing and Midwifery</li> <li>- Professor Alastair Goldman, Partner Governor, University of Bradford</li> <li>- Ms Stella Hall, Public Governor Bradford East</li> <li>- Ms Wendy McQuillan, Public Governor, Keighley / Lead Governor</li> <li>- Ms Kavitha Nadesalingam, Staff Governor Medical and Dental</li> <li>- Mr David Wilmshurst, Public Governor, Shipley / Vice-Chair Council of Governors</li> <li>- Ms Hardev Sohal, Patient Governor</li> <li>- Helen Wilson, Staff Governor, Allied Health Professionals and Scientists</li> <li>- Ruth Wood, Staff Governor, All other staff groups</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Ms Jacqui Maurice, Head of Corporate Governance</li> <li>- Ms Sheridan Osbourne, Corporate Compliance Officer (minute-taker)</li> </ul> <p><i>42 Foundation Trust Members and Members of the Public viewed the YouTube video during the live stream.</i></p>		

No.	Agenda Item	Action
1.	<b>Welcome and Introduction</b>	
	Dr Maxwell Mclean, chairman (MM) opened the meeting with a warm welcome and an introduction to the three reports and key note presentation. He advised that the purpose of the meeting was to formally present the foundation trust's annual report and accounts for 2019/20 to the council of governors, foundation trust members and the public.	

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	<p>MM thanked and paid tribute to the exceptional work of the staff during this unprecedented period of the Covid pandemic. He stated that colleagues have been lost due to Covid and other conditions and he mourned their loss. He paid particular tribute to colleagues who had passed away whilst in service from Covid and remembered Christine Senior, Midwife and Mohammed Desir, Cleaning Services Assistant.</p> <p>MM highlighted the recent CQC visit to the Trust in April where the Trust was awarded a 'good' rating. This is the first time the Trust has achieved the 'good' rating under the current regime and we know that there are pockets of outstanding practice and care on which we can build.</p> <p>The year under review of 2019/20 saw the appointment of our new Chief Executive Officer (CEO), Professor Mel Pickup. 2020 will also see further changes to our Executive team with the departure of Sandra Shannon, Chief Operating Officer, Cindy Fedell, Chief Digital &amp; Information Officer and Bryan Gill, Chief Medical Officer. MM thanked them for their service to BTHFT.</p>	
2.	<b>Minutes of the AGM and AMM held on 17 October 2019</b>	
	The minutes were accepted as a correct record.	
3.	<b>Presentation of the Annual Report 2019/20</b>	
	<p>Ms Mel Pickup, Chief Executive Officer (MP) presented a summary of the annual report. MP introduced herself and noted that she joined the organisation in November 2019. She paid tribute to the staff across the organisation for their warm welcome.</p> <p>MP advised that our Trust serves a diverse population of around 530,000. In year out Trust had an income of £450m, and employed 6,025 staff members. There has been close to 500,000 outpatient appointments, 5,434 babies delivered and 131,977 elective operations and we are supported in our endeavours by our 40,000 plus foundation trust members.</p> <p>MP highlighted the impact Covid has had on the organisation. It has caused the largest single transformation to the NHS that has taken place. Services deemed non critical at that point have faced quite a lot of disruption and some of the performance during the pandemic has deteriorated because our attention turned towards caring for patients with Covid.</p> <p>The CQC rated the Trust as 'good' which is a phenomenal achievement and marked over two years of intense improvement and development work which provides a fantastic platform for our forward aspirations to become an 'outstanding' organisation.</p> <p>MP drew attention to the highlights of the year:-</p> <ul style="list-style-type: none"> <li>- We celebrated our official opening of the Command Centre, the first in Europe powered by artificial intelligence (AI) which enables us to provide a focal point for our senior leaders to make real time operational decisions without the need for wandering the corridors.</li> <li>- Ground-breaking technology was launched on our diabetes ward - 50 of our patients became the first in the NHS to benefit from a new glucose reader,</li> </ul>	

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	<p>using artificial intelligence (AI) to monitor, predict and record their blood sugars.</p> <ul style="list-style-type: none"> <li>- We broke new ground with the appointment of Dr Tom Lawton as Head of Artificial Intelligence (AI), to help us unlock the benefits of AI in the safest and most effective way</li> <li>- We teamed up with AccessAble UK to launch new online accessibility guides to all our hospitals to help those patients, visitors and staff with disabilities.</li> <li>- We took a pledge for equality and launched the new NHS Rainbow Badges into our Trust, promoting inclusivity and reducing health inequalities for lesbian, gay, bisexual and transgender (LGBT+) people accessing healthcare</li> <li>- Our new Wolfson Centre for Applied Research officially opened - it will help improve health across generations, from children to the elderly. The plaque was unveiled by some of our oldest and youngest patients currently taking part in research studies. The Wolfson Centre has become the nerve centre during the Covid pandemic.</li> <li>- Our intensive care unit team was praised in an external audit for its excellent teamwork and culture of safety</li> <li>- Members of our Butterfly Pathway team opened a new Butterfly Room – a sanctuary for families of children with life-limiting conditions</li> <li>- Our cardiac rehab team secured national accreditation for the outstanding service it delivers to our patients, helping them get back on their feet after a heart attack or heart surgery</li> </ul> <p>Some of our work has been externally validated by winning national awards. Highlights include:</p> <ul style="list-style-type: none"> <li>- A programme involving our trust to drive forward improvements for patients having hip and knee replacements was victorious in the HSJ Patient Safety Awards. The QIST (Quality Improvement for Surgical Teams) was crowned Infection Prevention Control Initiative of the Year</li> <li>- Our Informatics Team was named Team of the Year at the prestigious Digital Health Awards, playing a key role in Electronic Patient Records (EPR) and our new Command Centre</li> <li>- Our resourceful Flexible Workforce Team was crowned the National Workforce Planning Team of the Year in the “Our Health Heroes” awards</li> </ul> <p>MP spoke further about the Trust’s performance during 2019/20 and the four key areas that our performance is measured against:-</p> <ul style="list-style-type: none"> <li>- <b>Emergency care standard - being seen, treated and discharged within 4 hours</b> This has been a real challenge to us over recent years with ever increasing reliance on A&amp;E as the front door to the hospital system. 2019/20 has been a challenging year for Emergency Care nationally, but we have made a number of improvements along the patient pathway and improved our performance against the national average. Innovations have been designed to improve access to emergency care.</li> <li>- <b>Referral to treatment waiting times (RTT) – referral for treatment from start to finish no longer than 18 weeks</b> As shown on the graph we have performed consistently well in this area but towards the end of February/March this starts to decline as performance has inevitably been impacted by the COVID-19 pandemic.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- <b>Cancer waiting times – 2 week wait referrals pathway</b> 2019/20 has been a challenging year for Emergency Care nationally, but we have made a number of improvements along the patient pathway and improved our performance against the national average due in part to the number of reduction in referrals during the pandemic. These improvements taken on board during the pandemic have now been translated into routine practice using digital interactions with patients.</li>   <li>- <b>Routine diagnostic services – speed at which we can deliver the tests that patients need</b> As shown on the graph we have performed consistently with the national average on maintaining the ‘seen within 6 weeks’ target of above 95%. Specific improvements have been made in Radiology which has been sustained throughout the year. However, performance in Q4 has shown signs of deterioration, as routine procedures were cancelled following the COVID-19 outbreak.</li> </ul> <p>Our priorities for improvement in 2020/21 come out of what we have learned within the year which can come from many sources including discussions with governors, patient feedback, and CQC findings and commissioners requirements. Items to focus on for 2020/21 are the Management of deteriorating patients, patient experience in particular our kindness campaign and continued reduction in stillbirths.</p> <p>MM thanked MP for her report.</p>	
4.	<p><b>Presentation of the Annual Accounts for 2019/20</b></p>	
	<p>Mr Matthew Horner, Director of Finance (MH) presented a summary of the annual accounts for 2019/20.</p> <p>MH noted that the Trust had met its financial metrics for the year and the he highlighted the key items:-</p> <ul style="list-style-type: none"> <li>- Met our planned control total</li> <li>- Spent £11.8m on capital on buildings equipment and digital programmes</li> <li>- Received an unqualified audit opinion from our external auditors Deloitte</li> <li>- CQC ‘use of resources’ rating was ‘good’</li> <li>- Invested significantly in our charitable funds events and activities</li> </ul> <p>The control total regime that was introduced for 2016/17 continued in 2019/20 whereby if the Trust achieved its targeted financial performance it had the opportunity to recover a sizeable amount of additional income from the Provider Sustainability Fund (PSF). We started the year with a Deficit Control Total £12.8m and if delivered we would recover PSF income of broadly the same value to ensure a breakeven position was delivered.</p> <p>MH highlighted the income and expenditure figures on slides 19 and 20. The final year end surplus was £5.5m which included a technical adjustment for asset revaluation. The position before the adjustment was breakeven which from the perspective of NHS Improvement meant our trust delivered its financial control total. This is a fantastic achievement for our trust in the current financial climate and everyone has worked extremely hard to deliver this position.</p>	

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	<p>The economic climate and the financial challenges faced by the NHS continue to be very challenging and I would like to express my gratitude and thanks to all staff for all their efforts in delivering the position we did particularly in light of the ever increasing demand, the challenges we face to recruit staff and the continued efforts to improve the quality and safety of the services we provide.</p> <p>MH stated that each year he presents a couple of charts that highlight the composition of our income and expenditure. For income the four largest segments capture the majority of our clinical income from activities</p> <ul style="list-style-type: none"> <li>- (Non-Elective Patients - dark red) equating to £111m (25%), these are patients requiring urgent medical attention who are admitted direct to hospital, for example via A &amp; E.</li> <li>- (Elective Patients - green) equating to £50m (11%) represents patients who are admitted on a planned basis, with an example being an admission for knee replacement surgery. Elective income was down £1m compared to 2018/19.</li> <li>- (Outpatients - dark purple) equating to £62m (14%)</li> <li>- (Other NHS Clinical income dark orange) represents £90 of our total income (20%) and includes a range of activities for example adult and neonatal critical care, maternity services, community services and diagnostic &amp; therapy services. This income stream has remained broadly static in cash terms compared to 2018/19.</li> </ul> <p>MH drew attention to the slides relating to expenditure for 2019/20 where we can see that approximately 2/3 of our trust's outgoings relate to the employment of staff (£286m). Non-pay expenditure of £150m includes all drugs, clinical supplies as well as the non-clinical costs of running the hospital's services.</p> <p>Depreciation and amortisation on capital assets totalled £10.3m. This money is used to replace and enhance our trust's asset base to support ongoing clinical care.</p> <ul style="list-style-type: none"> <li>- 19% of total expenditure was on medical staff pay, including bank and agency shifts. This came to £84m in 2019/20, an increase of £13m on 2018/19.</li> <li>- 18% of total expenditure was pay for qualified nurses and midwives, including bank and agency shifts. This came to £81m in 2019/20, an increase of £5m on 2018/19.</li> <li>- 16% of total expenditure was pay for other clinical staff, including AHPs and Healthcare Assistants, equating to £72m.</li> <li>- Drugs accounted for 9% of total expenditure and amounted to £41m in 2019/20</li> <li>- Clinical Supplies was 10% of total outgoings, coming to £43m</li> <li>- Other non-pay items include Estates &amp; Facilities costs, maintenance and other infrastructure costs.</li> </ul> <p>Slide 24 referred to capital investment in 2019/20 where we invested throughout the year £11.8m into new developments, buildings, medical equipment and IT infrastructure.</p> <p>The main elements of the investment programme in 19/20 included:-</p> <ul style="list-style-type: none"> <li>- Refurbishment of Ward 22 our cardiology ward,</li> </ul>	

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	<ul style="list-style-type: none"> <li>- Our on-going investment in the Command Centre.</li> <li>- £3m investment into replacement medical equipment (including imaging kit)</li> </ul> <p>Total Capital Investment over the last 5 years is in excess of £95m. Our active investment programme to improve and modernise our services has seen us invest:-</p> <ul style="list-style-type: none"> <li>- £49m into new developments</li> <li>- £30m into our IT infrastructure</li> <li>- £8m into new medical equipment</li> </ul> <p>We are planning to spend around £22m in 19/20 including however work is ongoing to secure additional funding to prepare the Trust for a potential second COVID wave during winter.</p> <p>Each year, the trust's appointed external auditors (currently Deloitte), independently review the statutory financial statements to ensure they represent a true and fair view of the Trust's financial position and that they have been prepared in accordance with Department of Health and Social Care Group Accounting Manual.</p> <p>During November and December 2019 our trust underwent a full CQC inspection which included a Use of Resources review. It was really pleasing to receive a rating of good for the inspection. The inspections makes an assessment of how productively the trust is using its resources to provide high quality and sustainable care for patients. They explored a range of key lines of enquiry and in awarded the 'Good rating' they commented positively on our financial performance, our embedded approach to quality improvement and our strong collaborative working across the system.</p> <p>Graph No 26 demonstrates how the model hospital evaluates the overall productivity of our trust compared to the national average and peers, which forms part of the Use of Resources assessment. It uses a currency called the Weighted Activity Unit and it is a standard unit used to describe an amount of any type of healthcare work. 1 WAU represents the average amount of clinical activity that can be produced for £3500 for the average hospital. Over recent years the Trusts average WAU cost has improved and for 2018/19 its average WAU cost was £3,267 which indicates the Trust benchmarks quite well when measuring its relative efficiency against the national average of £3500 and its peers.</p> <p>MH provided a brief update on the Bradford Hospitals Charity whose purpose relates solely to the services provided by the hospital with particular emphasis on enhancing the services we deliver. It allows staff to identify both large and small valuable differences that the Charity can support to deliver real benefits to both patients and staff. The value of the fund at the 31st of March 2020 was just over £2.06m. Income Generated was £443k with expenditure at £520k –supporting the purchase of equipment and contributing to the training, development and welfare, redecorating patient rooms on Ward 24 Oncology, making them warm and relaxing and improving patient facilities</p> <p>MH highlighted examples of where donations were invested:-</p>	

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	<ul style="list-style-type: none"> <li>- Upgrading 8 chemotherapy chairs for Oncology Services to top of the range models providing more comfort to patients who can be in the chairs for 9 hours a day three times a week.</li> <li>- Installing a “relax and view” screen in a CT scanner for children which plays films and videos for children while they have a CT scan helping improve the care of the 55 children that are scanned by the Trust radiology department each day.</li> <li>- Enhancing the Trusts replacement of an ultrasound to include real time functionality on scans. This has provided a greater level of accuracy in biopsy results.</li> <li>- Providing a treatment vest which treats chronic lung disease for Children. The high frequency chest wall oscillation vest performs a gentle form of therapy and reduces treatment time from an hour to 10 minutes.</li> </ul> <p>In addition to purchasing equipment and supporting refurbishments the Charity is able to support both the development of trust staff and help celebrate their successes. Examples include training support and contributions to retirement events.</p> <p>2019/20 saw the Charity launch its first fundraising appeal. The Rays a Smile appeal aimed to raise £250k to make the Radiology service more child friendly, providing safe spaces that included distraction toys, providing child friendly décor, creating a snuggle room and purchasing sound systems to play music while children are scanned. The fundraising work of the Charity also provides the trust with a fantastic way to engage with the local community, staff and patients. Fundraising by individuals included £12k raised by a fashion show to support the Haematology and Leukaemia ward and a sponsored 5k walk which raised £9k for the Rays a Smile appeal.</p> <p>MH referred to graph No 30 which showed the BRI maintenance fund for non-clinical services spend dating back to 1948 and the cost comparison in 2020.</p> <p>MM thanked MH for his report. MM also thanked the local businesses in Bradford for their donations to the hospital charity.</p>	
<b>5.</b>	<b>Membership and Governors Report 2019/20</b>	
	<p>MM gave an overview of the role of the Council of Governors within the trust. He introduced David Wilmsurst (DW), Vice Chair of the Council of Governors and Pauline Garnett (PG), Staff Governor.</p> <p>DW advised that full details about the members of the Council of Governors, the duties that we've fulfilled and the activities undertaken are included in the Annual Report and in the packs available on the website. Firstly, the Council of Governors would like to congratulate all staff on achieving the Good rating in the latest CQC inspection. As a Council of Governors we feel that we have taken a significant step forward in one of our main responsibilities, holding the Non-Executive Directors to account for the performance of the Board. Board meetings have continued to be held virtually during the pandemic along with the Council of Governors meetings and Governors have been invited to observe these meetings. Over the summer attention has been given to restructuring the Board and Committees to support the development of a 'lighter touch' beaurocracy. This is all in the spirit of reducing an excessive reporting culture and replacing it with a more streamlined decision making model.</p>	

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	<p>During the pandemic, Governors have been kept up to date with the situation in the trust, receiving the latest figures for new cases and the numbers of patients being treated. During the pandemic we have continued to hold Council of Governors meetings and continued to carry out our responsibilities. In September we appointed Julie Lawreniuk and Mohammed Hussain as new NEDs. Julie also took on the role of Chair of the Finance &amp; Performance Committee. These appointments followed a rigorous recruitment process led by the Governors' Nominations &amp; Remuneration Committee. We've just concluded the interview process today for the replacement NED for Amjad Pervez who, with regret, stepped down from the Board due to his growing international commitments. We expect to announce the appointment, within the coming weeks. The Governors would like to take this opportunity to formally thank Amjad for his valuable input to the trust over the years. We also approved the appointment of Mel Pickup as our new Chief Executive.</p> <p>Another significant appointment we have to make as a Council is that of the trust's external auditor. This year, following another rigorous process we re-appointed Deloitte LLP.</p> <p>Other key activities that the Governors took part in were Team of the Month judging; choosing the performance indicator to be audited by the external auditors as part of the annual Quality Report. The Governors also joined a group to develop proposals for our Trust's long term membership plan. An e-members bulletin has been produced to keep members updated on Covid and share other useful information. We had seven new governors appointed to the Council of Governors in year.</p> <p>Various events aimed at our members and the public which included the Green Spaces, Healthy Places festival, our AGM/AMM and the World Café Learning Matters events.</p> <p>DW gave a big thank you to our members and our communities for their support of our hospitals during the pandemic. DW also said reiterated the key message that people should continue to attend A&amp;E if they felt that they did need treatment.</p> <p>MM thanked DW and PG for their presentation.</p>	

<b>6.</b>	<b>Questions</b>	
	<p>Four questions were received via email prior to the AGM/AMM.</p> <p><i>1. The question related to measures are in place to thoroughly check the living arrangements of patients due for discharge and, in the case of those who live alone, to liaise with other services to ensure safe after care?</i></p> <p>Karen Dawber, Chief Nurse noted that there are robust discharge arrangements in place especially for our more complex patients which includes a discharge to assess model where staff go into patients homes to support them post discharge. We see very few complaints about our complex discharges.</p>	



	<p><b>2. The question related to Maternity services and the lifting of restrictions on visiting/attending appointments with partners</b></p> <p>Karen Dawber, Chief Nurse responded. She reported that throughout this period of Covid has been extremely emotional and stressful for all involved because as a hospital we want to make sure that all are involved with the care. All the Trusts in the West Yorkshire region have worked together since March in the rules around visiting and we wanted to make sure that we were balancing the wellbeing of the mums with the safety of our staff. In line with national guidance we stopped visiting apart from at the time of active labour with one birth partner. Unfortunately as of today those rules are still in place at BTHFT. Some of the West Yorkshire Trusts have moved away slightly but have still not instigated visiting across the whole as was pre Covid. We are still an area of concern in Bradford and Covid is rising in the community and continues to be significantly higher than anywhere else in the country so for that reason we have not altered the visiting arrangements. However, this is monitored on a weekly basis where we look at the infection rates within our community and we have a next stage of visiting to bring in when the infection rates as a city reduce.</p> <p><b>3. The question related to the pandemic and the height of the virus. It was asked if the elderly and people who were shielding, given the same care when being admitted with Covid 19, as a younger stronger patient. If so what statistics do you have that show, care given, recovery times and patient ages?</b></p> <p>Bryan Gill, Chief Medical Officer assured the public that all patients are treated equally regardless of their background. We clearly make judgements about a patients needs based on their underlying conditions and preceding clinical problems that they have. It is important that all the population feel confident that anyone who comes to Bradford Hospitals is treated in their best interest. We do not collect information on specifics about individual patients to the level that Carol raised that is because we treat people equally.</p> <p><b>4. The questioner asked if we had information on the ethnicity of patients who had died from Covid-19 in Bradford</b></p> <p>Bryan Gill, Chief Medical Officer said that in terms of our data - what it shows is that approximately 25% of the patients who died were from a BAME group which is lower than the population in Bradford that we serve. Importantly our overall number of patients who died compared to those who had a positive Covid test is in the region of 18% which is significantly lower than the UK average number of deaths. Clearly we are not out of the Covid pandemic yet therefore we need to monitor this over the next few months depending on whether we get a second wave. We have been monitoring since day one and providing the same level of care to all the population. If any member of the public requires any further information we are happy to provide.</p>	
7.	<b>Close of AGM</b>	
	MM formally closed the Annual General Meeting and Annual Members Meeting and thanked the presenters for their contributions.	
8.	<b>Key note presentation: Critical Care Without Walls – our clinical response to Covid 19</b>	

	<p>MM introduced Dr Deborah Horner, Consultant/Clinical Director delivered the keynote presentation on Critical Care Without Walls – our clinical response to Covid 19. This can be viewed as part of the recording of our AGM/AMM at 1:06 at our YouTube Link <a href="https://youtu.be/yfeQ40zwKqE">https://youtu.be/yfeQ40zwKqE</a></p> <p>MM thanked Deborah Horner for her presentation.</p>	
<b>9.</b>	<b>Still here for you: caring for Bradford in a pandemic (video screening)</b>	
	<p>MM introduced the video entitled Still here for you: caring for Bradford in a pandemic which is available at the YouTube Link 1:35:00 <a href="https://youtu.be/yfeQ40zwKqE">https://youtu.be/yfeQ40zwKqE</a></p>	
<b>10.</b>	<b>Event close</b>	
	<p>MM closed the event and thanked all those involved in the presentation and delivery of the AGM/AMM.</p> <p>MM re-iterated at the close of the event that it was the ambition of the Trust to ensure that the people in Bradford are happy, healthy and at home. We care, we value people and we are one team. Thank you everyone for attending.</p>	