

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 9 May 2024	Time:	09:30 – 12:45
Venue:	Conference Room, Field House, BRI	Chair:	Sarah Jones, Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Sarah Jones (SJ) - Bryan Machin (BM) - Julie Lawreniuk (JL) - Karen Walker (KW) - Professor Louise Bryant (LB) - Zafir Ali (ZA) (via MS Teams) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Professor Karen Dawber, Chief Nurse (KD) - Dr Ray Smith, Chief Medical Officer (RS) - Matthew Horner, Director of Finance (MH) - Mark Hindmarsh, Director of Strategy and Transformation (MHi) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Paul Rice, Chief Digital and Information Officer (PR) - Renee Bullock, Chief People and Purpose Officer (RB) - Laura Parsons, Associate Director of Corporate Governance & Board Secretary (LP) - Emma Clinton, Matron A&E (EC) <i>for item Bo.5.24.5 only</i> - Sara Hollins, Director of Midwifery (SH) <i>for item Bo.5.24.7 only</i> - Rosie McEachan, Born in Bradford (BiB) Director (RM) <i>for item Bo.5.24.8 only</i> - Carl Stephenson, Associate Director of Performance (CSt) <i>for item Bo.5.24.13 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat - Katie Shepherd, Corporate Governance Manager (KS) 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.5.24.1	<p>Apologies for Absence</p> <p>Apologies were noted as follows:</p> <ul style="list-style-type: none"> - Mohammed Hussain (authorised absence), Non-Executive Director 	
Bo.5.24.2	<p>Declarations of Interest</p> <p>No declarations of interest were raised in relation to the items on the agenda.</p>	

No.	Agenda Item	Action
Bo.5.24.3	Minutes of the Meeting held on 14 March 2024 The minutes of the meeting held on 14 March 2024 were approved as a true and accurate record.	
Bo.5.24.4	Matters Arising The following actions were reviewed, and the outcomes confirmed. <ul style="list-style-type: none"> • <u>Bo23013 Digital Strategy Annual Report</u>: Update included on the May Board agenda under matters arising. <u>Action completed.</u> • <u>Bo23008 Report from the Chief Executive</u>: – Sexual Safety Charter: This was discussed as proposed at the People Academy. <u>Action completed.</u> • <u>Bo24006 Declarations of Interest</u>: Any changes will be highlighted on the register of interests. <u>Action completed.</u> • <u>Bo24007 Board Assurance Framework and High Level Risks</u>: Trend analysis added to the ‘risks on a page’ appendix. <u>Action completed.</u> • <u>Bo24008 Capital Programme 2024/25</u>: Information provided as part of preparation for the well led review. <u>Action completed.</u> • <u>Bo24011 Issues to Refer to Board Committees/Academies or Elsewhere</u>: Session took place on 18 April 2024. <u>Action completed.</u> Plans to Improve Depth of Coding The Board noted the paper and was assured by the update.	
Section 2: Patient Care		
Bo.5.24.5	Patient Story KD welcomed EC to the Board to discuss the video of Rebecca Latz and her experience of being an A&E patient with ‘functioning neurological disorder’, which colleagues had watched prior to the meeting. EC provided a brief description of the condition and how this may present in patients as shown in the video. The video had supported team improvements in relation to reducing health inequalities. The team had also implemented a bi-annual refresher assessment on trauma informed care to ensure continued learning and improvement. KW recognised the importance of continued learning given the high level of new information that is regularly being made available. JL queried how the Trust can better support patients that perhaps aren’t as articulate as the patient in the video. EC commented that all staff should be creating a forum where patients can express their needs and feel listened to, enhanced further by the increase in the number of trauma informed practitioners. EC advised that whilst there was a national push for all A&E staff to become trauma informed practitioners, she was unsure of the level	

No.	Agenda Item	Action
	<p>of training available. She undertook to contact NHS England to investigate submitting this particular case as a case study which may be of benefit to colleagues across the country. MP also confirmed that the concept of trauma informed systems is becoming a focus across West Yorkshire with the aspiration for all Trusts to sign up to the trauma informed charter. KD would work with EC on the charter for BTHFT and bring this back to a future meeting.</p> <p>LB commented that the trauma informed approach was becoming much more prominent and sought thoughts from EC on how this would be of benefit to patients. EC noted that there were six key principles of trauma related care but they are not necessarily trauma specific and should be followed in relation to all patients as they represent good practice. It also encourages an acceptance that not all patients present in the same way and their behaviour may be impacted by their experiences.</p> <p>The Board thanked EC for joining the meeting and to Rebecca Latz for sharing her story.</p>	<p>Chief Nurse Bo24012</p>
<p>Bo.5.24.6</p>	<p>Report from the Chair of the Quality and Patient Safety Academy – March and April 2024</p> <p>LB gave an overview of the reports which provided an update of the Quality and Patient Safety Academy (QPSA) meetings held in March and April 2024. There were no issues to alert to the Board following the meetings.</p> <p>KD and RS provided some follow up information to a number of areas noted in the report:</p> <ul style="list-style-type: none"> • Following the successful and welcomed expansion of visiting times during Ramadan and Eid, this would be replicated during other bank holiday and celebrational events. Data sampling remained ongoing to help inform a decision on whether visiting should be permanently expanded further. • The Trust was still transitioning to the new incident reporting system, the Patient Safety Incident Response Framework (PSIRF), and the Academy had received notice of one 'never event' relating to a patient receiving a biopsy on the wrong kidney. This had not resulted in patient harm as cancerous cells were found as a result. KD would provide a more detailed update on incidents at the next Board meeting. • Histopathology remained an area of concern, and RS highlighted an increasing demand of histopathology services combined with an increase in complexity of samples. The service is also under-resourced but there is a national shortage of histopathologists therefore a quick fix was not possible. Breast histopathology was a particular area of concern and there is a weekly meeting attended by RS/SA to identify any specific cases of concern and to consider how the pathway can be sped up. • Pharmacy aseptics is still a risk on the risk register, but a mobile unit had been delivered to the St Luke's site and was now in 	<p>Chief Nurse Bo24013</p>

No.	Agenda Item	Action
	<p>commissioning phase. Once commissioned the risk would be reduced / closed from the risk register.</p> <ul style="list-style-type: none"> Maternity staffing was close to the established position but despite this there were challenges in staffing due to increased training requirements and a larger than average sickness absence rate. The biggest impact was being seen in the birth centre which has been closed to prioritise the labour ward. Further consideration was needed to support managers dealing with staff sickness absence by way of improving policies and wider access to occupational health, for example. Sue Franklin, Freedom to Speak Up Guardian was keen to attend a Board meeting to update on Freedom to Speak Up and the Board welcomed this. <p>The Board was assured by the update.</p> <p>Guardian of Safe Working Hours Quarterly Report</p> <p>The report was noted by the Board. RS commented that he did feel that the Trust was under-doctored given it is an incredible busy Trust with high acuity and high attendances to A&E which resulted in a pressured Junior Doctor workforce and he would continue to feed back this message. There were no changes in reporting trends.</p> <p>The Board was assured by the update.</p>	<p>Associate Director of Corporate Governance / Board Secretary Bo24014</p>
<p>Bo.5.24.7</p>	<p>Maternity and Neonatal Services Update</p> <p>SH gave a brief update on maternity and neonatal services and confirmed that there were no areas of escalation. There had been low harms over the last two reporting months which was positive but this would continue to be monitored monthly. The internal audit of the CQC improvement plan for Maternity had been rated as 'significant assurance'. The perinatal mortality review quarterly report had been presented to the QPSA and subsequently to the Board and demonstrated a good trajectory towards meeting the required standard overall. The report did include some improvement actions such as the documentation of previous pregnancies and rectification of faulty equipment in a timely manner.</p> <p>The Board thanked SH for the update and was assured by the report.</p>	
<p>Bo.5.24.8</p>	<p>Research activity in the Trust</p> <p>RS introduced RM to the meeting to provide an update on some of the key research activities in the Trust, including the Born in Bradford (BiB) research study, the involvement in 2025 Bradford City of Culture, and the Age of Wonder study.</p> <p>RM updated the Board on the BiB research study, set up in 2007 to help respond to challenges within the community.</p>	

No.	Agenda Item	Action
	<p>BiB started with 12,500 families and the health and wellbeing of the children has been studied since then, with data collected from primary and secondary care providers. A key priority for 2024 was the development of the BiB Age of Wonder, a seven-year project capturing the journeys of up to 30,000 Bradford teenagers during adolescence, using quantitative and qualitative methods. Since September, 30 schools have been recruited for this academic year.</p> <p>RM reflected that it would be good to increase integration with the hospital and increase awareness of research activity across the directorates. MHi also supported this integration which would be particularly beneficial in informing some transformation services.</p> <p>ZA queried if there was evidence of the impact research studies have had, and how this is shared across the community and partners. RM advised of the directive for Bradford to implement a clean air zone, and research supported this in partnership with the council which resulted in maximum funding from the government to implement this.</p> <p>JL referred back to the mention of 30 schools recruited for the Age of Wonder study, and the position of the other schools across the district that weren't yet recruited to this. RM confirmed that 8 schools had declined due to funding or capacity issues, but the research team continued to work with them to try to encourage them to participate.</p> <p>The Board thanked RM for the helpful presentation and was assured by the update.</p>	
Bo.5.24.9	<p>Paediatric Audiology Service</p> <p>RS gave a brief overview of the paper in relation to the paediatric audiology service which had been developed in response to a request from the CQC for Trust's to consider the assurance that they have about the safety, quality, and accessibility of its children's hearing services and whether services are accredited by IQIPS.</p> <p>RS confirmed that at present, the BTHFT service is not IQIPS registered but is not an outlier as only 23% of services are accredited nationally. The paper set out a number of options to help inform a decision on whether to seek IQIPS accreditation, with the preferred approach being to work towards IQIPS accreditation by registering with IQIPS at a cost of £1,685 + vat and use the recommended external UKAS benchmarking tool to undertake an options appraisal over the next 3 months. This will then inform a further paper to board/executive team to determine whether to pursue full IQIPS accreditation once the gap analysis has been completed.</p> <p>Whilst the Board was supportive of the drive of the service to gain accreditation, LB reflected on the current financial position and challenges, and whether this would have an impact on other</p>	

No.	Agenda Item	Action
	<p>services. RS recognised the position but also the need to take a risk based approach, and given that this has been highlighted by NHS England and the CQC, there would be a need to respond and act accordingly.</p> <p>The Board approved the preferred approach to work towards IQIPS accreditation by registering with IQIPS at a cost of £1,685 + vat.</p>	
Section 3: People		
Bo.5.24.10	<p>Report from the Chair of the People Academy – March and April 2024</p> <p>KW gave an overview of the reports providing updates on the People Academy meetings held in March and April 2024. The Board was alerted to some very slight changes in dashboard metrics (a slight increase in turnover rates and sickness absence), which were not significant but would be an area for close oversight by the Academy in the coming months. There also continues to be a gender pay gap with women continuing to earn less than men and under-represented at senior levels, and men significantly under-represented in Nursing and Midwifery roles and typically female roles. A gender equality reference group was being established, chaired by RB, and would develop a refreshed action plan to ensure progress is made in reducing gaps.</p> <p>The Board was also alerted to progress against the sexual safety charter, with a plan to implement the ten standards across the Trust by July 2024. There has been a new high-level risk relevant to the Academy in relation to the current Non-Surgical Oncology model of care and the workforce being unable to support this which could cause harm to patients.</p> <p>KW made mention to two particular people who have made a significant difference over this last twelve months – Faeem Lal, the Director of HR, for his leadership in the absence of the Chief People and Purpose Officer and Amandeep Singh, the Partnership Lead (Unison), for his support, contribution and fair challenge.</p> <p>The report from the April Academy meeting made reference to the staff survey, and it was confirmed that the action plan was planned to be brought back to the next public Board meeting for review.</p> <p>In relation to the gender pay gap, LB reflected that this was reducing in society in general and so queried how the Academy can be assured that the steps being taken to reduce the gap are having an impact rather than the gap reducing in line with the societal trend.</p> <p>LB is leading on the sexual safety charter for the University of Leeds, and she suggested that the Trust and the University work together on this. LB and KD would pick up further offline for shared learning.</p> <p>The Board was assured by the update.</p>	<p>Chief Nurse Bo24015</p>

No.	Agenda Item	Action
	<p>Gender pay gap reporting – March 2024</p> <p>The report was noted by the Board.</p>	
Bo.5.24.11	<p>Equality & Diversity Council update</p> <p>MP noted the paper which provided an update on the work of the Equality and Diversity Council (EDC). MP made particular mention of the reordering of the EDC meeting agenda to have staff network updates at the start of the meeting, which had allowed for rich conversation. They had also considered the concept of an executive sponsor for each network to provide high level support, and subsequently a lead had been identified per network.</p> <p>MP also updated on the discussions held in relation to health inequalities. A self-assessment of the Trust had been completed against published good practice, and improvement opportunities had been identified which would inform an action plan that would be presented to the Quality & Patient Safety Academy. The EDC had also discussed the 'Too Hot to Handle' report and the subsequent survey by the Brap charity on experiences of racism within organisations, and agreed to a range of actions to ensure that areas such as policies, progression opportunities, programmes are equitably applied and happening in practice.</p> <p>The Board was assured by the update.</p>	
Section 4: Finance and Performance		
Bo.5.24.12	<p>Report from the Chair of the Finance and Performance Academy – March and April 2024</p> <p>JL gave an overview of the reports which provided an update of the Finance and Performance Academy meetings held in March and April 2024. The Board was alerted to the financial budget for 2024/25 and the significant challenges faced by the Trust in responding to this. There had been progress regarding the governance arrangements with the Closing the Gap programme being developed, and as the lead for this programme, MHi would join the Academy to ensure they retained oversight of assurance.</p> <p>JL highlighted that the national staff survey identified the BTHFT finance team as the most improved in the country. The Board congratulated MH and his team for this achievement.</p> <p>The Board was assured by the report.</p>	
Bo.5.24.13	<p>Health inequalities & waiting list analysis – access focus</p> <p>SA introduced CSt to the meeting to present on Health Inequalities through the lens of 'Access to Care'. CSt highlighted that it was important to consider the impact of health inequalities in all aspects of patient pathways and the presentation shared with the Board</p>	

No.	Agenda Item	Action
	<p>included this wider focus as well as the specific actions taken in relation to access data.</p> <p>The presentation also detailed specific findings in a number of areas (referrals and OPA; DNA rates; treatment; cancer demand) in relation to CORE20, and overall updated findings as follows:</p> <ul style="list-style-type: none"> • CORE20 patients are more likely to be on routine pathways and therefore have a longer wait time and higher DNA rates • CORE20 DNA rates are higher than other patients across all referral priorities • CORE20 patients seem less likely to be referred on a cancer pathway • No evidence of variance in clinical prioritisation of surgical waiting lists for CORE20 patients and treatment dates are given fairly within surgical priority groupings • Fewer referrals from the CORE20 cohort result in an admitted treatment <p>There were a number of areas for further improvement including linking with Act as One and BIHR colleagues to discuss next steps in analysis and use of the findings, and linking the findings with patient experience data as the actual experience of service users may be different to that shown by the aggregated analysis. Elective recovery, operational improvement plans, and implementation of policy are being considered with the positive impact they should aim to have on this agenda in mind, and targeted work on increasing referrals and improving OPA attendance would be built into operational excellence plans.</p> <p>RS asked that, in terms of cancer, if there was a difference in the stage of presentation for CORE20 / non-CORE2020 patients. CSt advised that data analysis on this is not yet available, but for urology and gynaecology cancer, CORE20 patients are less likely to be referred but more likely to be prioritised as a P2 patient which would suggest this is the case.</p> <p>KW made reference to the data which shows that young people have higher DNA rates. CSt advised that work is ongoing to seek feedback from the community as to why they do not attend. She also questioned if the CORE20 demographic has changed and therefore needs updating.</p> <p>JL suggested that this data could be shared with the research team to connect the work that is being done.</p> <p>SA confirmed the belief that clinical prioritisation is fair and equal once admitted onto a hospital pathway, but work is required with the community to identify why CORE20 patients are not presenting on some of the higher clinical priority pathways.</p> <p>The Board thanked CSt for the presentation and was assured by the update.</p>	

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Section 5: Audit & Assurance		
Bo.5.24.14	<p>Report from the Chair of the Audit Committee – February 2024</p> <p>BM gave an overview of the report which provided an update from the Audit Committee meeting held in February 2024. He recognised that there had been a previous concern regarding the follow up of internal audit recommendations in the Trust, but he had received assurance from MH of an updated process to ensure oversight of this.</p> <p>The Board was assured by the report.</p>	
Bo.5.24.15	<p>Report from the Chair of the Charitable Funds Committee – April 2024</p> <p>SJ introduced the report which was taken as read. There were no further comments and the Board was assured by the report.</p> <p>Draft Charitable Fund TOR</p> <p>SJ advised of minor changes to the Charitable Fund terms of reference and in particular noting Board representation. The draft terms of reference were approved by the Board subject to clarification on the wording of 'Corporate Trustees'. LP and BM would discuss offline and update the terms of reference as appropriate.</p>	<p>Associate Director of Corporate Governance / Board Secretary Bo24016</p>
Section 6: Business Reports		
Bo.5.24.16	<p>Report from the Chair</p> <p>SJ introduced the report which was noted which had been shared with the Board for information. She recognised that her focus was mostly internal at the moment but over time this would become more inclusive of partners and place.</p> <p>The Board noted the report.</p>	
Bo.5.24.17	<p>Report from the Chief Executive</p> <p>MP introduced the report which was noted.</p> <p>Integrated Dashboard</p> <p>MP advised colleagues that the Integrated Dashboard visual had been updated and the content and metrics remained a work in progress. The Board noted the high performance across the Trust and recognised the achievement in delivery of a surplus finance position at the end of 2023/24.</p> <p>Finance Report</p> <p>The report was noted by the Board.</p>	

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	Performance Report The report was noted by the Board.	
Section 7: Governance		
Bo.5.24.18	High-level risks LP introduced the high-level risk register report, and updated on all changes (new risks, closed risks, and changes in score) that had occurred since the last Board meeting. The following risks were discussed in further detail: <ul style="list-style-type: none"> • Risk 448 relating to incorrect recording of activity on EPR – PR advised that a new risk assessment was being developed to reflect the current context, focusing on EPR optimisation, as the initial risk was now out of date. • Risk 35 relating to lack of 24/7 security supervision – this risk had recently decreased due to successful recruitment to vacancies in the security team. However, KD noted the increased incidents in A&E over the last few weeks and as a result a full risk assessment was being undertaken and so this risk may be updated further in the next iteration of the report. The Board confirmed their assurance that all risks on the High Level Risk Register are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.	
Bo.5.24.19	NED Academy/Committee membership and champion roles The change in NED Academy / Committee membership and champion roles was approved by the Board with immediate effect.	
Bo.5.24.20	Bradford Hospitals Charity – supplemental deed LP introduced the Bradford Hospitals Charity supplemental deed which was approved by the Board.	
Bo.5.24.21	Data security & protection toolkit PR gave a brief overview of the paper which sought to update the Board on the expected final position and sets out the recommended Data Security and Protection Toolkit (DSPT) annual assessment rating. He noted that a review of all available evidence had been completed at the time of this report and a review of the remaining evidence is ongoing. The Board was asked to note the 'Standards Met' forecast rating. The Board noted the position and delegated approval of the DSPT submission to the Digital and Data Transformation Committee	

No.	Agenda Item	Action
	(DDTC)/SIRO on behalf of the Board prior to submission on the 30 th of June 2024.	
Section 8: Board Meeting Outcomes		
Bo.5.24.22	Any Other Business No other business was discussed.	
Bo.5.24.23	Issues to Refer to Board Committees/Academies or Elsewhere There were no particular issues to refer elsewhere.	
Bo.5.24.24	Review of Meeting SJ invited Board members to share a review of the meeting offline. She confirmed that work was ongoing to try and reduce the number of papers and improve the timeliness of distribution but it was noted that this would be an iterative process.	
Bo.5.24.25	Date and Time of Next Meeting 11 July 2024 – 09:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 May 2024

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo24009	Bo.3.24.16	EDI Strategy annual update / Equality, Diversity & Inclusion update (WRES, WDES): SJ would check that EDI objectives are included in the Board objectives and include these if not.	Chair	May 2024	NED objectives reviewed and agreed during May 2024. <u>Action closed</u>
Bo23003	Bo.3.23.10	Health Inequalities & Waiting List Analysis: KD endorsed the work that has been undertaken and suggested an expansion of this to look at other areas. It was agreed to add this as a discussion point for a future board development session.	Associate Director of Corporate Governance and Board Secretary	May 2024	A new Board development programme is being developed. <u>Action closed</u>
Bo24010	Bo.3.24.17	Staff Survey Results: FL would bring the action plan to the People Academy for approval and then share with the Board for information.	Chief People & Purpose Officer	July 2024	The draft Staff Survey Action Plan was presented and discussed at the People Academy on 24 April 2024 and wider engagement is in progress. To be presented to the Board in July 2024. <u>Action closed</u>
Bo24004	Bo.1.24.16	Performance Report: A further stroke update would be brought to the Board in 6 months detailing progress made, and improvements seen as a result of opening the ward 9 beds.	Chief Medical Officer	July 2024	An update has been circulated to Board members via email. The CMO will take any additional questions, if required, at the meeting.
Bo240013	Bo.5.24.6	Report from the Chair of the Quality and Patient Safety Academy – March and April 2024: KD would provide a more detailed update on PSIRF incidents at the next Board meeting	Chief Nurse	July 2024	
Bo240014	Bo.5.24.6	Report from the Chair of the Quality and Patient Safety Academy – March and April 2024: Sue Franklin, Freedom to Speak Up (FTSU) Guardian was keen to attend a Board meeting to update on FTSU and the Board welcomed this.	Associate Director of Corporate Governance and Board Secretary	July 2024	Sue Franklin is attending the Board meeting on 11 July 2024. <u>Action closed</u>

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Bo240015	Bo.5.24.10	Report from the Chair of the People Academy – March and April 2024: LB is leading on the sexual safety charter for the University of Leeds, and she suggested that the Trust and the University work together on this. LB and KD would pick up further offline for shared learning.	Chief Nurse	July 2024	
Bo240016	Bo.5.24.15	Report from the Chair of the Charitable Funds Committee: LP and BM would discuss offline and update the terms of reference as appropriate to clarify the wording of 'Corporate Trustees'.	Associate Director of Corporate Governance and Board Secretary	July 2024	
Bo230017	Bo.11.23.7	Corporate Strategy: JL requested that a key be added to the document, and it was confirmed that this would be included in future updates.	Director of Strategy and Transformation	November 2024	
Bo240012	Bo.5.24.5	Patient Story: KD would work with EC on the trauma informed charter for BTHFT and bring this back to a future meeting.	Chief Nurse	November 2024	