

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 30 January 2025	Time:	09:30 – 12:30
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) - Julie Lawreniuk (JL) - Bryan Machin (BM) - Karen Walker (KW) - Professor Louise Bryant (LB) - Zafir Ali (ZA) - Altaf Sadique (AS) <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) - Ben Roberts, Chief Finance Officer (BR) - 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) - David Moss, Director of Estates and Facilities (DM) - Renee Bullock, Chief People and Purpose Officer (RB) - Dr John Bolton, Deputy Chief Medical Officer (JB) - Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP) - Jacqui Maurice, Head of Corporate Governance (JM) - Carly Stott, Head of Midwifery (CS) <i>for item Bo.1.25.10 only</i> - Nada Sabir, Clinical Director – Women’s Services (NS) <i>for item Bo.1.25.10 only</i> - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - John Waterhouse, Governor - Philip Turner, Governor - Jessica Segelov, Business Change Manager, Informatics - Karon Snape, Head of Facilities - Mark Silver, Communications Officer - Katie Herst, HBSUK (External) 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.1.25.1	<p>Apologies for Absence</p> <ul style="list-style-type: none"> - Mohammed Hussain (authorised absence), Non-Executive Director - Dr Ray Smith, Chief Medical Officer 	
Bo.1.25.2	<p>Declarations of Interest</p> <p>LB had an additional declaration of interest of which she would notify JM for inclusion on the register of interests.</p>	<p>Head of Corporate Governance Bo250001</p>

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Bo.1.25.3	Minutes of the Meeting held on 28 November 2024 The minutes of the meeting held on 28 November 2024 were approved as a true and accurate record.	
Bo.1.25.4	Matters Arising There were no matters arising.	
Section 2: Business Reports		
Bo.1.25.5	Report from the Chair SJ presented the report which was taken as read. She asked the Board to note that three new governors had been elected unopposed. Elections would take place in two seats with the results available on 27 February 2025. The Board noted the update.	
Bo.1.25.6	Report from the Chief Executive MP introduced the report and highlighted the following: <ul style="list-style-type: none"> Despite the traditional Winter pressures and significant snowfall shortly after Christmas, performance remains largely positive. There was a successful open afternoon on 10 January at the St Luke's Hospital (SLH) Day Case Unit (DCU), attended by over 100 stakeholders including local councillors. The successful deployment of additional Electronic Patient Record (EPR) functions, including implementation of the theatres and critical care (TACC) module. Attendance by MP and SJ at the West Yorkshire (WY) Partnership Board meeting, where ICB colleagues presented the WY Equality, Diversion and Inclusion (EDI) Strategy with a request that all partner organisations sign up to the delivery of this. This was also presented at the latest Equality and Diversity Council meeting. There will be a recommendation for the Board at a future meeting to adopt the strategy. Kez Hayat, Head of Equality, Diversity & Inclusion has been involved in the development of the strategy and has helped to ensure it aligns with the Trust's own strategy and ambitions in this area. The Board noted the update.	
Section 3: Patient Care		
Bo.1.25.7	Patient Story SJ referred to the patient story; received late by the Board due to the adverse weather. SJ advised that the patient story relates to a young person with a life-limiting condition, known to services, who died at home. KD advised that the story highlights the important of listening to the carers of children and recognising that they are the experts in their care. It was agreed that the video link would be shared with Board members offline. This agenda item would be scheduled at a future Board meeting, to be discussed alongside an update on the implementation of Martha's Rule, given the correlation between the two.	Chief Nurse Bo250002

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	<p>KD informed the Board of the steady increase in patient concerns over the last six months, predominantly relating to the delays of care pathways and poor experiences whilst attending the Accident and Emergency department (AED). However, she was confident that the new emergency care improvement programme would address these themes and improve patient experience in the department.</p> <p>The Board noted the update and welcomed the further discussion on the patient story at a future meeting.</p>	
Bo.1.25.8	<p>Report from the Chair of the Quality Committee: January 2025</p> <p>LB provided an overview of the report from the Quality Committee meeting held in January 2025. She wished to alert the Board to the increase in violence perpetrated against staff in the AED and Ward 4, usually by those in mental health crisis or with organic disease. Implementing measures such as increased security and body cameras has not supported a reduction in incidents. This has had an impact on the health of staff and patient perceptions of safety. HR and senior leaders are working with staff to provide support and this is an area of focus in the transforming emergency care programme.</p> <p>ZA asked about the correlation of data to identify targeted themes for improvement. KD confirmed this is underway and that understanding and working with staff and patients is a key driver for the aforementioned transformation programme.</p> <p>As security champion, AS recognised that staff safety was paramount and communication is vital to help identify and de-escalate potential issues before they happen. KD explained that whilst violence and aggression from those waiting for long periods does happen, it tends to be demonstrated from patients who lack capacity at that time, or from family members of patients that are currently being treated. Therefore, a range of responses are being considered.</p> <p>SA referred to discussions recently at the West Yorkshire Association of Acute Trusts (WYAAT) Chief Operating Officer forum about performance metrics being centred around quantitative rather than qualitative data. He informed the Board that the Command Centre share an hourly trigger report with operational and clinical leads to highlight any potential areas of concern. The trust-wide safety huddle and executive huddle also allow for opportunities to discuss any increased areas of safety concern and enable a rapid response. Colleagues from Bradford District Care NHS Foundation Trust also attend the trust-wide safety huddle to enable rapid support in the event that there is a patient(s) in mental health crisis.</p> <p>MP commented on the significant number of national cases where patients in mental health crisis present at AED. In addition, the Trust's AED is designed to accommodate approximately 200 patients per day but is regularly seeing upwards of 500. Colleagues are working to identify the capital needed to make the department fit for purpose in order that, should funding be made available, a strong bid can be submitted.</p>	

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	<p>There also remains a focus on trying to reduce negative behaviours and enforce more positive approaches.</p> <p>BM asked that LB provide some assurance to the Board that those high-level risks pertaining to the Quality Committee scoring 20 and above are being managed appropriately. LB explained that the detail and mitigations can be found in the minutes and papers of the Committee and that other members of the Board are present at the Committee and can confirm that risks are challenged appropriately.</p> <p>KW advised that the People Academy also regularly discusses the violence and aggression concerns and derives assurance that all approached are being considered to prevent or reduce episodes of violence and aggression.</p> <p>The Board was assured by the update.</p>	
Bo.1.25.9	<p>CQC Action Plan Update</p> <p>KD introduced the CQC action plan update which provided a structured analysis of the recent Care Quality Commission (CQC) inspection findings relating to Medical, Maternity and Neonatal services, and detailed a proposed list of actions for each service. It was suggested that the actions be reviewed by the Quality Committee on a bi-annual basis and then by the Board annually.</p> <p>ZA commented that the action plan suggests that some of the issues are core controls that are not compliant and sought assurance that these are not happening more routinely and putting patient safety at risk. KD explained that all services were rated at a minimum of 'good' by the CQC, so the team has had to be very critical of the reports in order to develop an action plan, against areas that have space for improvement as opposed to being unsafe.</p> <p>BM suggested that the reporting frequency for the action plan could be increased given the strategic intent to move from 'good' to 'outstanding'. SJ and KD would consider the workplan offline with LP to discuss frequency of reporting.</p> <p>KD put on record her thanks to Nazzar Butt, Moving to Outstanding Lead for producing the analysis.</p> <p>The Board was assured by the update.</p>	<p>Chair / Chief Nurse Bc25003</p>
Bo.1.25.10	<p>Maternity and Neonatal Services Update</p> <p>CS and NS joined the Board to present the update which provided assurance that the Quality Committee has reviewed, considered and approved the monthly Maternity and Neonatal (Perinatal) Update papers. The Board was also asked to note a joint case review undertaken between Infection Prevention, Paediatrics, and Maternity, regarding a baby born in October who had an MRSA bacteraemia in November.</p> <p>CS advised that the moderate risk to achieving full compliance with Year 6 of the Maternity Incentive Scheme (MIS), is now resolved following 90% or</p>	

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	<p>more of all relevant staff groups attending PROMPT and Foetal Monitoring training between 1 December 2023 and 30 November 2024.</p> <p>The Board was assured by the update.</p> <p>Maternity Incentive Scheme (MIS) – Safety Action 4 NS shared an update with the Board regarding the actions and assurance prior to self-certification to complete the Maternity Incentive Scheme (CNST) year 3. She highlighted the requirement to sign off the submission prior to 3 March 2025 to enable a discount on the premium (approximately £600k). The MIS Year 6 audit tool provides an update against all ten criteria. NS confirmed that the Trust is proposing to be fully compliant against all ten standards.</p> <p>The associated presentation demonstrated assurance that when a risk was identified, it was appropriately accessed and communicated to consultants, who attended appropriately.</p> <p>This year, NS has also reviewed all intensive care admissions from maternity to ensure engagement with high risk patients continues to be similar on both the maternity block and main site. This demonstrated that all cases were appropriately escalated.</p> <p>The presentation detailed a number of good practice points including nighttime safety debrief sessions attended by the on call consultant and a consultant discussion and attendance trigger now on EPR for instrumental delivery. Areas for improvement were also covered in detail including all newly incoming resident doctors being reminded of the Royal College of Gynaecology (RCOG) trigger list in their department induction. Senior trainees should also be reminded of the importance of ongoing risk assessment and timely escalation of triggers, despite having the competency to handle a situation.</p> <p>NS also shared that progress against the ‘Saving Babies Lives Care Bundle Version 3’ implementation tool has been monitored by the Local Maternity and Neonatal System (LMNS) during the reporting year and assurance was provided that the MIS standard has been achieved.</p> <p>Based on the above, the Board supported the declaration of full compliance against all ten standards of the MIS.</p>	
Section 4: People		
Bo.1.25.11	<p>Report from the Chair of the People Academy: January 2025 KW provided an overview of the report from the People Academy meeting held in January 2025. She alerted the Board to the latest flu vaccine uptake data which has risen to 32.6% since the update at November’s Academy. The uptake is split evenly between male/female, with a clear difference between younger and older age groups. It has been determined that fewer younger staff are taking up the vaccine and the Trust is considering actions to address this.</p> <p>SJ referred to the accessible offer for flu vaccine for staff which had been widely communicated. She queried what will be done to increase flu</p>	

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	<p>vaccines for staff, in order to help protect vulnerable patients. RB advised that colleagues in other local Trusts are showing similar vaccine uptake rates, and so there was a need for a wider campaign to encourage uptake, at both ICB and NHSE level. She was in discussion with colleagues regarding this. ZA suggested that younger clinical leaders need to be involved in these discussions and campaigns. JB emphasised the need for careful messaging.</p> <p>BR reflected on the need for discussions between managers and their team members around vaccine hesitancy, and that there needs to be information available to support managers in having these discussions as well as protected time allocated. The Board acknowledged the importance of starting to put early plans in place now, to ensure an increased uptake next year. KW confirmed that the People Academy would receive a further report on the data, analysis and actions to be taken.</p> <p>The Board was assured by the update.</p>	
Bo.1.25.12	<p>Nursing and Midwifery Staffing Establishment Review</p> <p>KD provided a presentation on the outcomes and recommendations from the 6-month strategic staffing review for November / December 2024.</p> <p>The recommendations were supported by the executive team, and there were a number of areas for further consideration by the Board as detailed within the paper.</p> <p>JL confirmed that she was assured by the process taken as part of the review, but she would appreciate some financial context to support the recommendations. BR confirmed that support for the recommendations in the establishment review would require savings to be made elsewhere. However, it was recognised that requests such as this, which have a large impact on the financial plan, should be received via the Finance and Performance Committee to provide assurance prior to the discussion at the Board. It was agreed that this would be added to the Finance and Performance Committee work plan.</p> <p>BM also recognised the need for the Board to understand any funding requests in a wider context. MP referenced that one of the strategic risks is around a robust workforce and so this was a priority for investment.</p> <p>The Board approved the proposed establishment change recommendations within the existing financial envelope, however recognised that this may need to be re-considered in light of the incoming planning guidance.</p>	<p>Associate Director of Corporate Governance Bo250003</p>
Section 5: Finance and Performance		
Bo.1.25.13	<p>Report from the Chair of the Finance and Performance Committee: January 2025</p> <p>JL provided an overview of the report from the Finance and Performance Committee meeting held in January 2025. She alerted the Board that there remains a significant risk that the Trust will not deliver its financial plan.</p>	

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	<p>Finance Report: The Trust is still reporting it will deliver its £14m financial deficit plan but this is the best-case scenario and confidence in delivery of the plan is low. The likely case is that the Trust will deliver a £19.1m deficit (£5.1m worse than plan). This is mainly due to the shortfall in forecast savings delivered through the closing the gap programme. Although there has been significant progress on engagement across the Trust with the programme, this has not translated into the run rate improvement on the scale needed to deliver the financial plan. The Trust is forecasting to deliver £33.6m of savings against the £38.9m target (£4.8m of these savings are non- recurrent). Work has already started on the 25/26 closing the gap plan.</p> <p>Integrated Dashboard: This was received and noted by the Board.</p> <p>Performance Report: SA referred to the appendix in the CEO report regarding Elective Reform and the need to get back to achieving targets for Referral to Treatment (RTT). For outpatients, there is a need to consider how to work differently in terms of patient engagement and patient control of appointments. For inpatients, there is a real drive to improve productivity. SA and his team were looking at a stepped approach between now and 2029 to ensure the Trust meets compliance with the RTT targets.</p> <p>SA added that the Trust is awaiting the planning guidance which has challenging timelines. The first draft of the plan is expected in February and the final plan is expected to be completed by the end of March. He would keep the Board updated as appropriate.</p> <p>The Board noted the updates provided.</p>	
Bo.1.25.14	<p>Charity ISA 260, Draft Annual Report & Accounts and Draft Letter of Representation BR presented the 2023/24 Bradford Hospitals Charity Annual Reports and Accounts for approval. He confirmed that there were no matters to alert to the Board.</p> <p>MHi advised that he was the new Executive Lead for the Charity and would bring an update on the work of the Charity to the next Board meeting.</p> <p>The Board approved the 2023/24 Annual Report and Accounts for Bradford Hospitals Charity, and agreed for the Chair and Chief Executive to sign the Annual Reports and Accounts on behalf of the Trust as the Corporate Trustee. The annual report and accounts would then be submitted to the Charity Commission.</p>	<p>Director of Strategy and Transformation BC25004</p>
Bo.1.25.15	<p>Green Plan DM presented the paper which provided the Board with an update on progress on implementation of the Green Plan. DM reminded colleagues that the Trust has a legal duty to reduce its carbon footprint, with a target of reaching net Zero in 2040. The West Yorkshire Combined Authority has set a more challenging date of 2038 for all public sector organisations</p>	

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	<p>based in West Yorkshire, including the Trust, to reach Net Zero. A new Green Plan will be developed in 2025, reflecting changes in priorities nationally, regionally and locally since the plan was developed.</p> <p>DM highlighted the following:</p> <ul style="list-style-type: none"> • The Trust's carbon footprint has reduced by 33% since 2010/11. • The main contributor to our carbon emissions is burning gas for heating, hot water and electricity at BRI and St Luke's Hospital. • Since 2010/11 we have cut our carbon emissions from grid electricity by 95% by switching to entirely renewable sources. • Water consumption has reduced by 73% since 2010/11. • The Trust has agreed that St Luke's Hospital will be connected to the Bradford Heat Network subject to a successful PSDS 4 bid, meaning all the buildings there will be heated through this network from 2028. • Personnel changes in key positions across the Trust has meant progress has slowed in 2024. The sustainability manager post is currently out to advert and there has been good interest. <p>The Board noted the update.</p>	
Section 6: Strategy		
Bo.1.25.16	<p>Strategy – emerging issues</p> <p>MHi highted the following emerging issues:</p> <ul style="list-style-type: none"> • There was a regional Teams meeting on Monday regarding the new Operating Model. There was still a lot of detail to work through and something more concrete was expected in March. It was expected that there would be reference to more simplified working between NHS bodies. • The Trust is engaged in the WYAAT Clinical Service Review and includes a line by line review of each service (both clinical and corporate) and how this should be delivered, i.e. locally, regionally, etc. • There is an Executive to Executive meeting scheduled with Airedale NHS Foundation Trust next week to discuss not only operational issues but also how the Trusts can work together in the future. • Over the next couple of months there will be a piece of work undertaken to review the Corporate Strategy and as part of this there will be consideration as to how to include the Committees / Academy. <p>The Board noted the update.</p>	
Section 7: Governance		
Bo.1.25.17	<p>Board Assurance Framework (BAF), risk appetite review and high-level risks</p> <p>LP presented the paper which provides a profile of risks, controls and assurances related to the delivery of the Trust's strategic objectives.</p> <p>In relation to the BAF, LP highlighted the following points:</p> <ul style="list-style-type: none"> • Further to discussions regarding a gap in risks relating to quality / patient care on the BAF, two new risks have been developed and added to the BAF under strategic objective 1 – these are risk 4 (clinical workforce model) and risk 5 (management of patient flow). 	

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	<ul style="list-style-type: none"> The score for risk 3 (informatics) has been increased from 12 to 15 due to the likelihood being increased from 4 to 5. The score for risk 14 (partnerships) has been increase from 8 to 12 due to the likelihood being increased from 2 to 3. This is due to the impending challenging WYAAT Clinical Services review. <p>With regards to the high level risk register, LP advised that there were three new additions:</p> <ul style="list-style-type: none"> Risk 901 (Cyber security attacks): This had been added at a score of 16. Risk 2677 (Respiratory inpatient concerns): This had been added at a score of 20. Risk 2654 (Clinical coding): This had been added at a score of 16. <p>The target score for risk 2677 is the same as the current score. The risk lead has advised that an options appraisal will be discussed at the Executive Team Meeting on 27 January 2025 to determine mitigations and actions. Once this has been completed a target score will be agreed.</p> <p>In addition to the three new risks, one risk had been closed and two further risks have changed in score.</p> <p>It was recognised that the Board needed more assurance on the measures in place to prevent and mitigate against any possible cyber attack. It was agreed that a separate session would be set up to provide the Board with the opportunity to discuss this in more detail.</p> <p>The Board was assured by the update and approved the risk appetite statement.</p>	<p>Associate Director of Corporate Governance Bo250005</p>
Section 8: Board Meeting Outcomes		
Bo.1.25.18	Any Other Business There was no other business.	
Bo.1.25.19	Issues to Refer to Board Committees/Academies or Elsewhere There were no issues to refer elsewhere.	
Bo.1.25.20	Review of Meeting There were no comments to note.	
Bo.1.25.21	Date and Time of Next Meeting 26 March 2025 – 9:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 30 January 2025

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo240019	Bo.11.24.16	Corporate Strategy annual update: A second tier of assurance to be developed with an update to be provided to the Finance and Performance Committee and then fed back to the Board as appropriate	Director of Strategy and Transformation	March 2025	Included on today's agenda. <u>Action complete</u>
Bo25001	Bo.1.25.7	Patient Story: KD to share the video to Board members offline and bring it back to a future Board meeting for discussion.	Chief Nurse	March 2025	Link to video has been circulated and is included on today's agenda. <u>Action complete</u>
Bo25002	Bo.1.25.9	CQC Action Plan: SJ and KD to consider the workplan offline with LP to discuss frequency of reporting on this.	Chair / Chief Nurse	March 2025	Quarterly updates to be provided for 6 months then move to 6 monthly subject to assurance on progress. Board work plan updated. <u>Action complete</u>
Bo25003	Bo.1.25.12	Nursing and Midwifery Establishment Review: It was agreed that this should be added to the Finance and Performance Committee work plan.	Associate Director of Corporate Governance	March 2025	Added to Finance and Performance Committee work plan. <u>Action complete</u>
Bo25004	Bo.1.25.14	Charity ISA 260, Draft Annual Report & Accounts and Draft Letter of Representation: MHi to bring an update on the work of the Charity to the next Board meeting.	Director of Strategy and Transformation	March 2025	Included on today's agenda. <u>Action complete</u>
Bo25005	Bo.1.25.17	Board Assurance Framework (BAF), risk appetite review and high-level risks: It was agreed that a separate session would be set up to provide the Board with the opportunity to discuss measures around cyber security in more detail.	Associate Director of Corporate Governance	March 2025	Date to be arranged.