

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

Date:	Thursday 12 January 2017	Time:	09:00-11:15
Venue:	Conference Room, Field House, Bradford Royal Infirmary	Chair:	Professor Bill McCarthy
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Professor Bill McCarthy (BM) - Dr Trevor Higgins (TH) - Dr Mohammed Iqbal (MI) - Mr David Munt (DM) - Mr Amjad Pervez (AP) - Ms Selina Ullah (SU) - Mrs Pauline Vickers (PV) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Clive Kay, Chief Executive (CLK) - Ms Donna Thompson, Director of Governance and Operations /Deputy Chief Executive (DT) - Mr Matthew Horner, Director of Finance (MH) - Ms Karen Dawber, Chief Nurse (KD) - Dr Bryan Gill, Medical Director (BG) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Cindy Fedell, Director of Informatics (CF) - Mr John Holden, Director of Strategy and Integration (JH) 		
In Attendance:	<ul style="list-style-type: none"> - Professor John Wright, Director of Research, Bradford Institute of Health Research (BIHR) for agenda item Bo.1.17.4 (JWr) - Fiona Ritchie, Trust Secretary (FR) - Mrs Nahida Mafuz, Minute Taker (NM) 		
Observers:	<ul style="list-style-type: none"> - Two Public Governors - Jane Taylor of Deloitte - One member of the public - Five delegates from "Moving Forward" Programme - One member of staff 		

No.	Agenda Item	Action
Bo.1.17.1	Welcome BM gave a warm welcome to everyone present.	
Bo.1.17.2	Apologies for absence Professor James Walker, Non-Executive Director.	
Bo.1.17.3	Declaration of Interests There were no declarations of interest to note.	
Bo.1.17.4	Trust Research Strategy Presentation Professor John Wright, Director of Research BIHR, (JWr) was welcomed to the meeting. JWr made the following key points regarding the Trust Research Strategy:	

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	<ul style="list-style-type: none"> - Research provides cutting edge innovation, treatment and drugs to our patients and the local community. It allows our staff to undertake innovative work and is good for the Foundation Trust as it distinguishes us from other hospitals. - Twelve years ago the research team consisted of one person in an office. The research team now employs over 150 staff and has its own facility – Bradford Institute for Health Research. Annually, turnover of grant income has increased from £200k to £14m. - The research team have set up collaborations with local universities and the focus has been on applied research and things that make a difference to the local community. - The three key priorities for the research team are: Child Health which includes the Born in Bradford Project, Ageing Population and Quality and Safety Research which is underpinned by the Improvement Academy. - The vision is to become the City of Research. The outcome for the Wolfson Foundation bid to become a new centre for Applied Health Research is currently awaited. The team continues to work very effectively across the system with a number of partners including primary care and the local authority. <p>DM asked if there were examples of any successful outcomes and JW r shared brief details of some including the research done on air pollution by the Born in Bradford Project which led to the European Directive changing the standards of air pollution.</p> <p>AP said he was pleased to see the collaborative work and suggested that the next phase should focus on how we market this not only to the UK but to the rest of the world for better healthcare.</p> <p>BG stressed the importance of the Trust Research Strategy and how this must be promoted to all staff groups particularly when recruiting. KD agreed and said we need to make research meaningful to staff and get them engaged. JW r reported that historically this was an issue but the team are working on ensuring this is a priority for all staff.</p> <p>BM summarised the discussion and stated that the Board of Directors wish to remain sighted on this area of work and to be kept informed of the challenges and how we support the team to make an impact both externally and internally to promote this outstanding area of work.</p> <p>JW r wished to highlight the excellent support and leadership received from BG on an ongoing basis.</p> <p>BM thanked JW r for presenting to the Board of Directors.</p>	
Bo.1.17.5	<p>Minutes of the Meeting held on Thursday 15 December 2016</p> <p>The minutes of the previous meeting were accepted as an accurate record subject to the following changes:</p> <ul style="list-style-type: none"> - B16/320.0: page 2, second paragraph under the bullet points to be replaced with: As Chair of Digital Health Enterprise Zone (DHEZ), 	

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	<p>TH offered to work with SW to see what support DHEZ could offer to the virtual ward.</p> <ul style="list-style-type: none"> - B16/326.1: page 7, second paragraph to be amended to state: Flu immunisation up take is at 71%. 	
Bo.1.17.6	<p>Matters Arising:</p> <p><i>The following items were concluded from the action log:</i></p> <ul style="list-style-type: none"> - B16/324.3 (15/12/16): Report from Integrated Governance & Risk Committee (IG&R): For future reports an additional appendix will be included listing all new risks that have been added. Action concluded. - B16/324.4 (15/12/16): Integrated Quality and Performance Dashboard: Trend line for short notice cancellation under Performance and Access to be presented more clearly. Action concluded. - B16/333.0 (15/12/16): Items for Corporate Communications: JH to discuss with CLK and consider preparing communication to staff regarding the West Yorkshire and Harrogate Sustainability and Transformation Plan. Communicated to staff via various routes including 'Let's Talk' and added to the agenda of January 2017 Leadership Forum. Action concluded. 	
Bo.1.17.7	<p>Report from the Chairman</p> <p>BM wished to highlight the following key points:</p> <ul style="list-style-type: none"> • Governors update: <ul style="list-style-type: none"> ○ A regular meeting now takes place with BM, the Vice Chair of Governors and the Chair of Governors. TH will also join the meetings in the future. This meeting provides an opportunity for valuable feedback and discussion. ○ The next meeting of the Council of Governors is on 19 January 2017. A presentation by JH regarding strategy will be given at the meeting. ○ The Audit Appointment Working Group is progressing well. ○ The Nomination and Remuneration Committee is working on the appraisal process for Non-Executive Directors. ○ The Governors have an activities calendar which will be shared with the Board of Directors. • BM has visited some wards and was pleased to see good security measures as well as a warm welcome and openness from staff. • BM has recently met with BG and his medical leaders and was pleased to see passion, vision and ambition for patients. 	Trust Secretary
	Reports from the Chief Executive	
Bo.1.17.8	<p>Report from the Chief Executive</p> <p>CLK outlined the following key points from his report:</p>	

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	<ul style="list-style-type: none"> • A joint New Year's Message from CLK and BM was delivered to staff and a good response has been received. Themes within the last 18 months have included collaboration, focus on achievements and an emphasis on empowering staff to tell us what they need in order to provide the best care to patients. • CLK was very pleased to report that the final figure for flu immunisation up take up to 31 December was 75.2% and the immunisation was still available to staff. This is very important for staff and patients as well as for attaining the CQUIN target. CLK thanked PC and her team for this fantastic result. • CLK hosted the Foundation Trust's Annual Award Ceremonies on 14 December 2016 to recognise the significant contribution of our volunteers and staff. The ceremonies were a huge success and well received by volunteers and staff. The event is supported by Sovereign Health Care and CLK wished to thank Russ Piper, Chief Executive of Sovereign Health Care for attendance at the event and ongoing support. CLK wished to draw attention to the special commendation awarded to the Pathology Team for their impressive response to the failure of Leeds pathology service. • CLK was delighted to inform the Board of Directors that Mr David Wilkinson, Consultant Vascular Surgeon and Postgraduate Dean (Health Education England, Yorkshire) has been awarded an MBE for services to the NHS in the New Year's Honours list. • The new retail unit which is the first phase of the New Hospital Wing opened this morning. CLK had visited the retail unit this morning and reported that it was hugely impressive. The new wards and clinical areas will be opened in the coming months. <p>AP asked how feedback and reward is given to staff for any ideas they suggest. CLK explained that although this was not managed effectively in the past we now have numerous means of communication including Let's Talk, screen savers and individual feedback is also given. DT added that we are seeking sponsorship from our retail providers to reward staff who provide ideas in order to recognise their contribution. A process is also being developed to collate ideas in a central area where they can be managed effectively and appropriate feedback given.</p> <p>TH noted that the first phase of the new joint venture pathology service went live from Monday of this week and asked if there was any detail on how this had gone. CLK explained that after very careful planning and learning from the recent pathology incident and a desire from our staff to have control over our pathology services the launch of the new service has gone extremely well and thanked BG and his team for their hard work. BG agreed and said that the level of service has been excellent but further work and phases are yet required.</p>	
<p>Bo.1.17.9</p>	<p>Report from Integrated Governance & Risk Committee (IG&R) – December 2016</p> <p>CLK reported that the Committee had agreed to add one new risk to the Corporate Risk Register as detailed within the report. This was in relation to Cyber Security and DM explained that this was also being</p>	

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	<p>reviewed by the Audit Committee.</p> <p>Six risks have changed score and an explanation has been provided within the report. SU asked how feedback will be given to staff in relation to the change of score for the risk regarding reduction of staffing levels over the festive period. CLK explained that the detail needs to be verified following which feedback will be given to staff.</p> <p>No risks were escalated from the Divisions.</p> <p>Two risks were closed and explanations are included within the report.</p> <p>The Board of Directors noted the report.</p>	
Bo.1.17.10	<p>Integrated Quality and Performance Dashboard</p> <p>CLK presented the current Quality and Performance Dashboard and made the following key points:</p> <ul style="list-style-type: none"> • Performance in relation to screening patients at risk of developing thrombosis has declined and this is being addressed. • The number of bed moves out of hours has reduced in November and CLK was pleased to see this improvement particularly whilst the Foundation Trust has been under pressure due to Accident and Emergency Department (AED) attendances and bed availability. <p>AP asked how the tracking of each patient journey from start to finish could fit into the dashboard. CLK and CF to discuss further with AP.</p> <p>MI queried the 30 day readmission and the loss of money incurred through this. MH explained that a periodic audit is undertaken with the Clinical Commissioning Group (CCG) to determine unavoidable readmissions and to determine the value of the readmission funding to be reinvested.</p> <p>SU asked if any analysis has been done to determine whether there is any link between the cancellations of appointments due to junior doctor strike and the increase in the number of complaints. KD explained that this detail will be provided to the Quality and Safety Committee.</p> <p>The Board of Directors noted the updated dashboard.</p>	<p>Chief Executive, Director of Informatics</p>
	Items for Approval	
Bo.1.17.11	<p>“Our People, Our Future: Together, Putting Patients First”</p> <p>PC explained that this is our proposed People Strategy for approval. She explained that part one of the paper is about how we have developed this with the annex being the proposed Strategy. It is a short high level framework which identifies our priorities through clear and measurable outcomes. It is not standalone but is written to</p>	

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	<p>support our system wide work and is aligned to the Bradford and Craven Workforce Strategy. PC explained the five strategic aims that had been developed and that underpinning the strategy would be clear work plans.</p> <p>There was discussion around the point that efficiency as well as quality needs to be a goal for all staff. The Non-Executive Directors were supportive of the strategy and had comments regarding value based appraisals, inspirational leaders, engagement of the young population of Bradford which PC said she would ensure were part of the work plans and clarity over whether quality now embraced efficiency would be sought.</p> <p>SU suggested including something within the principles section in relation to the communities we serve and being the employer of choice. It was agreed that PC and SU will discuss this further.</p> <p>The Board of Directors approved the strategy subject to PC and SU meeting and agreeing on what to include in relation to the communities we serve.</p>	<p>Director of Human Resources and SU</p>
	<p>Quality</p>	
<p>Bo.1.17.12</p>	<p>Report from the Quality and Safety Committee – December 2016</p> <p>PV presented the report from the meeting of the Quality and Safety Committee held on 21 December 2016 and outlined the key matters that had been discussed.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	
<p>Bo.1.17.13</p>	<p>Nurse Staffing Data Publication Report – November 2016</p> <p>The report was discussed in detail at the Quality and Safety Committee on 21 December. KD explained that the report now includes benchmarking data. KD has also undertaken a deep dive into some of the wards and talked to ward staff about the quality indicators and received reassurance from them.</p> <p>BG asked where we should aspire to get to. KD felt it was important to understand that staffing is about giving patients the best care and looking at this in partnership with staffing data – it is about the quality of care not only the number of staff.</p> <p>The Board of Directors received and noted the report.</p>	
<p>Bo.1.17.14</p>	<p>CQC Presentation</p> <p>DT provided an update to the Board in relation to the CQC 2016 inspection report. Following the CQC inspection in January 2016, the CQC have now signed off the action plans and evidence portfolios. Work has continued over the last twelve months in relation to each of</p>	

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	<p>the compliance actions.</p> <p>Each compliance action has a dedicated Executive Lead and an Action Plan Lead. The compliance actions are monitored through KPIs and the evidence portfolio. A monthly compliance meeting takes place in the form of the CQC Steering Group. Assurance will be given to the Quality and Assurance Committee. Discussions with the CQC continue with regards to how they would like to receive assurance.</p> <p>AP felt that the Foundation Trust should have its own vision in terms of where we are currently at and how we can become the best. DT explained that the CQC standards are linked to the fundamentals and the basics but we should work across the system to ensure we deliver the best patient care.</p> <p>The Board of Directors noted the verbal update.</p>	
	Workforce	
Bo.1.17.15	<p>Workforce Report</p> <p>PC presented the Workforce Report and explained it had been discussed in detail at the Quality and Safety Committee meeting on 21 December 2016.</p> <p>The Board of Directors received and noted the report.</p>	
	Finance	
Bo.1.17.16	<p>Report from Finance & Investment Committee – December 2016</p> <p>AP provided a brief summary of the key issues which had been covered in the meeting at the Finance & Investment Committee held on 21 December 2016.</p> <p>The key point to highlight was that the overall financial position for income and expenditure at the end of November 2016 was a surplus of £5.9m which is in line with the plan.</p> <p>The Cost Improvement Plan delivery is behind plan by £1.2m, with £14.5m of savings delivered against a year to date target of £15.7m. At least £7.8m of these savings are non-recurrent relating to vacancies and other one off benefits. The recurrent CIP position is therefore a YTD shortfall of £7.9m. The Foundation Trust faces a significant challenge for the last quarter of the year.</p> <p>TH asked whether the Foundation Trust would incur a financial penalty for exceeding the NHSI target in relation to agency expenditure. MH explained that NHSI had been informed that we would exceed the target and that this financial indicator did not attract a financial penalty.</p> <p>BM queried the under trade and overspend within the Division of Anaesthesia, Diagnostics and Surgery. MH detailed a number of factors that had impacted on the Divisions ability to deliver the</p>	

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	<p>contracted activity plan. To mitigate the impact and to support the RTT position, additional internal and external activity had been sourced.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	
Bo.1.17.17	<p>Finance Report</p> <p>MH presented the Finance Report and explained that a lengthy discussion had taken place at the Finance and Investment Committee.</p> <p>Following the discussion at the Closed Board of Directors meeting the previous month our annual Operational Plan was submitted within the deadline. The Trust has agreed the control totals but highlighted a number of caveats and significant risks.</p> <p>Contract activity volumes and values were agreed in principle with the commissioners in line with the 23 December deadline.</p> <p>BM commented on the exceptional performance of MH and his team to deliver the plan by the tight deadline.</p> <p>The Board of Directors noted the report.</p>	
Bo.1.17.18	<p>Operational Plan 2017-19</p> <p>MH presented the Operational Plan for 2017-19.</p> <p>BM requested that a 2017/18 – 2018/19 contract income report is provided. MH agreed to produce a separate report for the Finance and Investment Committee with a further discussion to take place at a future Board Development Session</p> <p>The Board of Directors approved and noted the report.</p>	<p>Director of Finance Trust Secretary</p>
	<p>Performance</p>	
Bo.1.17.19	<p>Report from the Performance Committee – December 2016</p> <p>PV provided a brief summary of the key issues which had been covered in the meeting at the Performance Committee held on 21 December 2016 and wished to highlight the following points:</p> <ul style="list-style-type: none"> • The Emergency Care Standard was not achieved in November 2016. Attendances in November 2016 were higher per day compared to October 2016 and represent the second highest attendance in November in the last seven years. Recovery plans will be reported the next Performance Committee meeting. • The RTT incomplete position for November 2016 was not achieved but there was a slight improvement compared to October 2016. The Performance Committee will continue to monitor progress. • The Cancer 62 day threshold was not achieved in October 2016 	

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	<p>and is projected to fail the Quarter. The Performance Committee will continue to monitor progress.</p> <ul style="list-style-type: none"> The Trust Improvement Committee (TIC) which is chaired by the Chief Nurse will now report to the Performance Committee. TIC will drive delivery of the transformation and improvement agenda to enable the continuous journey to being a high quality organisation that puts patients first. <p>TH asked about performance in AED over the holiday period. CLK explained that the Foundation Trust had put a huge amount of work into preparing for the holiday period and we entered the period whilst already in a challenging position. Attendance during December 2016 compared to December 2015 demonstrated a 3.4% increase. A further challenge was that approximately 100 beds were restricted due to Norovirus. Acuity was also a concern and the acute adult admission rate increased by 8.2% in December 2016 compared to December 2015.</p> <p>CLK felt proud to state that the challenge was managed in a way that kept patients safe at all times ensuring they were seen in the assessment units prior to being admitted to wards. Staff worked very hard and methodically to provide excellent patient care.</p> <p>On a system wide level the Foundation Trust worked collaboratively with partners. A daily system wide call took place during the weekends and bank holidays which CLK requested as Chair of the A&E Delivery Board and DT attended to represent the Foundation Trust. For the working days a daily system call took place if any of the services were in Silver Command.</p> <p>BM felt that the team should be supported and given the time to carry out a comprehensive diagnostic and work on a sustainable plan to help address the factors contributing to the pressures. CLK agreed and explained that this is being done and a detailed action plan is being developed with a trajectory to help the Foundation Trust achieve sustainable performance of 95% or more. Elective care is also being reviewed and this includes the reconfiguration of areas to help deliver better elective and acute care. An update will be provided to the Performance Committee regarding a realistic trajectory in relation to AED and RTT performance with the aim of getting sustainable performance. This plan will then be signed off at the subsequent Board of Directors meeting.</p> <p>The Board of Directors received the report and noted the remedial actions agreed at the committee.</p>	<p>Director of Governance and Operations</p>
<p>Bo.1.17.20</p>	<p>Performance and Productivity Report</p> <p>MH presented the Performance and Productivity Report. No further points to be made as the key highlights were covered at agenda item Bo.1.17.19.</p> <p>The Board of Directors received and noted the report.</p>	

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Bo.1.17.21	<p>Informatics Performance Report</p> <p>CF presented the Informatics Performance Report which was discussed in detail at the Performance Committee.</p> <p>CF wished to highlight that the progress of the data warehouse, the Business Intelligence Team, chemo prescribing and EPR all collated together now make the Informatics Strategy very real and it was important to highlight this progress.</p> <p>There were no further points to be made as the key highlights were covered at agenda item Bo.1.17.19.</p> <p>The Board of Directors received and noted the report.</p>	
	Audit & Assurance	
Bo.1.17.22	<p>Report from the Audit and Assurance Committee – December 2016</p> <p>DM presented the Audit and Assurance Committee report and provided assurance that the recommendations from each of the reports are on track to deliver.</p> <p>The Board of Directors received and noted the report.</p>	
	For Information	
Bo.1.17.23	<p>Minutes of Finance & Investment Committee – November 2016</p> <p>The Board of Directors received and noted the minutes of the Finance and Investment Committee for November 2016.</p>	
Bo.1.17.24	<p>Minutes of Performance Committee – November 2016</p> <p>The Board of Directors received and noted the minutes of the Performance Committee for November 2016.</p>	
Bo.1.17.25	<p>Minutes of the Quality and Safety Committee – November 2016</p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for November 2016.</p>	
Bo.1.17.26	<p>Minutes of the Audit and Assurance Committee – October 2016</p> <p>The Board of Directors received and noted the minutes of the Quality and Safety Committee for October 2016.</p>	
Bo.1.17.27	<p>Register of Board of Directors' Declaration of Interest</p> <p>The Board of Directors received and noted the report.</p>	

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Bo.1.17.28	Any other business There were no further items of business to discuss.	
Bo.1.17.29	Issues to add to Corporate Risk Register There were no issues to add to the Corporate Risk Register.	
Bo.1.17.30	Issues to escalate to NHS Improvement There were no issues to escalate to NHS Improvement.	
Bo.1.17.31	Issues to be reported to Care Quality Commission (CQC) There were no issues to be reported to CQC.	
Bo.1.17.32	Items for Corporate Communications There were no items to escalate for Corporate Communications.	
Bo.1.17.33	Date and time of future meetings Thursday 9 February 2017 at 9am.	

**BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 12 JANUARY 2017**

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
10/11/16	B16/291.0 B16/294.1	An Exception Report regarding the Emergency Care Standard to be provided to the Performance Committee.	Director of Governance and Operations	Performance Committee 25/01/17	Complete Presentation and paper given to January Committee. Deferred to January Performance Meeting to accommodate attendance of the Consultant.
15/12/16	B16/324.4	Integrated Quality and Performance Dashboard: specifics to be provided i.e. issues to be addressed with timelines for next Quality & Safety Committee meeting.	Director of Informatics	Quality & Safety Committee 25/01/17	Complete Discussion occurred at Quality and Safety Committee
12/01/17	Bo.1.17.18	Operational Plan 2017-19: a detailed report will be provided on the overall position of contract income to the next Finance and Investment Committee	Director of Finance	Finance & Investment Committee 25/01/17	Complete Discussion occurred at the January Committee
12/01/17	Bo.1.17.7	Council of Governors activities calendar to be shared with the Board of Directors.	Trust Secretary	Board of Directors 09/02/17	Complete Will be circulated on a monthly basis.
12/01/17	Bo.1.17.11	“Our People, Our Future: Together, Putting Patients First”: SU suggested including something within the principles section in relation to the communities we serve and being the employer of choice. It was agreed that PC and SU will discuss this further.	Director of Human Resources	Board of Directors 09/02/17	Complete PC and SU have discussed the document
12/01/17	Bo.1.17.19	Report from the Performance Committee – December 2016: An update will be provided to the next Performance Committee regarding a sustainable trajectory in relation to AED and RTT performance with the aim of getting sustainable performance. This plan will then be signed off at the subsequent Board of Directors meeting.	Director of Governance and Operations	Board of Directors 09/02/17	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
12/01/17	Bo.1.17.10	Integrated Quality and Performance Dashboard: AP asked how the tracking of each patient journey from start to finish could fit into the dashboard. CLK and CF to discuss further with AP.	Chief Executive and Director of Informatics	Board of Directors 09/02/17	Complete Discussion has taken place
10/11/16	B16/291.0	Explore possibility of adding links within BAF section headings to working documents	Director of Informatics	Board of Directors 09/03/17	This has been reviewed and will be included within the refresh of the integrated dashboard. Further update will be provided in March 2017.
12/01/17	Bo.1.17.18	Board Development session on Contract income to be arranged	Trust Secretary	Board Development Session 11/05/17	Added to Board Development Programme
15/12/16	B16/326.3	Equality & Diversity Update: BM suggested a longer discussion regarding equality and diversity takes place at a future Board development session where staff are invited to come and talk to the Board of Directors. PC explained that a review of the focus groups will be undertaken in January following which there will be more data available for an in-depth discussion at a Board development session.	Director of Human Resources	Board of Directors July 2017	