Bradford Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS OPEN MEETING
MINUTES

Date:	Thursday 18 January 2024	**Time:**	09:30-12:35
Venue:	Conference Room, Field House, BRI	**Chair:**	Helen Hirst, Interim Chair
Present:	**Non-Executive Directors:** - Helen Hirst (HH) - Julie Lawreniuk (JL) - Barrie Senior (BS) - Karen Walker (KW) - Louise Bryant (LB) **Executive Directors:** - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Professor Karen Dawber, Chief Nurse (KD) - Matthew Horner, Director of Finance (MH)		
In Attendance:	- Dr Paul Rice, Chief Digital and Information Officer (PR) - Faeem Lal, Interim Director of Human Resources (FL) - John Bolton, Deputy Chief Medical Officer (JB) - Laura Parsons, Associate Director of Corporate Governance & Board Secretary (LP) - Sara Hollins, Director of Midwifery (SH) for item Bo.1.24.9 only - Katie Shepherd, Corporate Governance Manager - Tabitha Lawreniuk, Personal Business Manager as Secretariat		
Observing:	- David Wilmshurst, Governor, BTHFT - Elenor Nossiter, Interim Senior Communications Lead, BTHFT - Sarah Smith, Communications Manager, BTHFT - Mark Silver, Communications Officer, BTHFT - Three members of the public -		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.1.24.1	**Apologies for Absence** Apologies were received as follows: - Altaf Sadique, Non-Executive Director - Sughra Nazir, Non-Executive Director - Jon Prashar, Non-Executive Director - Mohammed Hussain (authorised absence), Non-Executive Director - Ray Smith, Chief Medical Officer	
Bo.1.24.2	**Declarations of Interest**	**Associate Director of**

No.	Agenda Item	Action
	No declarations of interest were noted. The published declarations of interest did not include those of the Non-Executive Directors. This would be rectified, and an updated version published.	**Corporate Governance / Board Secretary Bo24001**
Section 2: Business From Previous Board Meeting		
Bo.1.24.3	**Minutes of the Meeting held on 16 November 2023** The minutes of the meeting held on 16 November 2023 were approved as a true and accurate record subject to adding two formal actions as referenced in the body of the minutes: **Bo.11.23.7 – Corporate Strategy:** *BAS recognised that whilst the RAG rating was a good indicator of progress, it would be useful to understand what actions were being taken to move the amber ratings to green. It was agreed that a note would be shared with the Board detailing additional information on the approach to progressing the amber areas to green.* *JL requested that a key be added to the document, and it was confirmed that this would be included in future updates.*	**Chief Operating Officer Bo23016** **Director of Strategy and Transformation Bo23017**
Bo.1.24.4	**Matters Arising** The actions from the log were reviewed and the outcomes agreed have been recorded within the action log.	
Section 3: Business Reports		
Bo.1.24.5	**Report from the Interim Chair** HH introduced the report and highlighted the following key points: • Two new NED appointments were approved by the Council of Governors on 23 October 2023, and it was hoped they all necessary checks would be complete by the end of January to allow them to start in post as full members of the Board by 1 February 2024. • The substantive Chair appointment process was progressing well with the shortlisting to take place at the Governors NRC on 19 January, followed by interviews on 2 February. • It was the final meeting of two outgoing NEDs, Jon Prashar and Barrie Senior, both having served two terms of three years. HH thanked them for their services and support to the organisation. • The next Council of Governors election process will launch on 9 February 2024. *(Post meeting note: On review, due to the upcoming local authority elections the current governor election schedule will run into the pre-election period for the local authority elections. Therefore, the governor election process will be moved forward and formally commence on 7 May 2024 to ensure there is no conflict with the local authority elections.)*	

No.	Agenda Item	Action
	• The first Quality Improvement Group (QIG) meeting was held on 20 December 2023 and a letter providing an update on the discussions was received from Margaret Kitching, Regional Chief Nurse at NHS England. The letter was largely positive, and MP would update further in her CEO report. JL referred to the emotive presentation from neonatal colleagues at the last closed meeting and recognised the need to understand how they would be informed of the QIG updates, and what further support the Board can provide. The Board noted the report.	
Bo.1.24.6	**Report from the Chief Executive** MP highlighted the following key points from the report: • The previously mentioned QIG had been constituted by NHS England as a direct response to allegations made by the former Chairman. There had been a very robust analysis of procedures to assess the efficacy and safety of the neonatal unit with involvement from clinical staff on the unit. There was another meeting of the QIG on 26^{t} January and verbal feedback indicates the QIG is sufficiently assured of the safety of care on the unit. MP recognised that this has been a difficult time for patients and families as well as staff within the unit. • Industrial action had taken place in December and January, which is traditionally one of the most challenging times for the NHS. MP paid tribute to all the clinical teams providing excellent care throughout that period to enable patients to remain safe and well cared for. There were impacts on elective patients who had their procedures cancelled to enable a safe focus on urgent and emergency care, and these patients were being kept under consistent review given their extended waiting times. Despite the challenges of industrial action, A&E performance remained consistently strong. • The establishment of the surgical day-case unit at St Luke's Hospital was continuing, as was the work on developing the new endoscopy unit. • The initial staff survey results had been received but this was currently under embargo. The results would be shared in due course. • Three new Executives had been appointed to the vacant Executive Director positions. It was hoped they would be in post from 1 April pending completion of the Fit and Proper Person and pre-employment requirements. The successful candidates would also be announced once all checks were complete.	

No.	Agenda Item	Action
	JL referred to the financial position of the local authority referenced in the report, and the impact of local authority beds on the Trust's performance. She queried whether there would be an opportunity to contribute to the consultation, and MP confirmed this. MP also referred to discussions at the latest Bradford District and Craven Health and Care Partnership Board meeting which focused heavily on this issue, and the request made by the local authority to the Treasury for emergency funding which was pending an outcome. There was also consideration of opportunities presented given the scenario in the health sector as a result of the financial pressures expected in 2024/25. MP recognised there were difficult decisions to be made for all sectors. This would need to be considered as part of the next executive discussion on the high-level risk register to ensure that the current risk is reflective of the current context. PR shared an update in relation to partnerships, regarding the awarding of £4.86m to the University of Bradford's Centre for Digital Innovations in Health and Social Care to develop and evaluate innovative health technology. HH sought an update on the preparations for the latest planning round. MP advised that the process was being undertaken by the Trust and then would be replicated at place and West Yorkshire level. There was a 'closing the gap' programme board in place to address how to inform decisions around investment at place level. MH confirmed that at a Trust level, work was ongoing with finance, operational and workforce teams to triangulate plans, with an executive team session planned on 29th January to 'opportunity scan'. This had been the most challenging year financially since 2018/19 resulting in a significant change in the level of scrutiny and controls in place to manage the run rate. SA advised that from an operational perspective, capacity was being considered within Clinical Service Units to assess the deliverability of planning assumptions. The Board noted the report.	
Section 4a: Delivery of the Trust's Corporate Strategy		
Bo.1.24.7	**Board Assurance Framework (BAF) and High-Level Risks** LP introduced the report which detailed changes to the BAF and high-level risk register. In relation to the BAF, LP highlighted the following changes: • Risk 2b.2 relating to the recovery of backlogs and increased demand has been reduced in score from 16 to 12 (likelihood score reduced from 4 to 3), due to the positive work undertaken to clear the backlogs. • As agreed at the November Board meeting, a new risk has been added to the BAF in relation to board leadership and governance. This risk is currently scored at 20 and is aligned to all strategic objectives.	

No.	Agenda Item	Action

	With regard to the high-level risk register, the following changes were shared:
	
	• There were two risks which had reached their target mitigation date (3810 – haematology services; and 3468 – staff now following correct EPR processes), both of which would be extended.
	• There had been one new risk added to the high-level risk register (3896 – histopathology) but it was agreed that this risk should be amended as it will affect all specialties that rely on histopathology. It was therefore agreed that the risk should be owned by the Specialist Medicine CSU which is responsible for histopathology.
	• There were two risks which had increased in score which would be reconsidered at the Executive Team meeting prior to any changes being made to their scores (3530 – fire risk due to extension leads; and 3788 – roof leaks in Heaton House).
	• One risk had closed as the Trust's gas and electricity has been bought at a capped rate for 2024/25 and 2025/26 (3800 – cost of gas and power increasing).
	• There had been three changes in risk score, detailed as follows:
	  ○ Risk 3732 in relation to nursing and midwifery staffing levels had reduced from 20 to 16 due to successful recruitment.
	  ○ Risk 3823 relating to mortuary storage facilities had reduced from 16 to 12 as procedures were now in place to manage this.
	  ○ Risk 3748 in relation to haemodialysis demand had increased from 16 to 20 due to ongoing issues with capacity within the service.
	• It had been proposed to reduce one risk in score from 16 to 12 (3881 – pharmacy vacancies) due to successful recruitment, but the Executive Team had requested that this remain at 16 until further improvement is seen in the medicines reconciliation rate.
	
	MP referred to the longstanding risk regarding the age and condition of the aseptic pharmacy unit, advising that the interim solution in place will soon be operationalised, and confirmation has been received this week that £4.5m capital funding has been secured for the aseptic unit relocation. LB queried whether there was a time frame for this to be completed, and MP advised that it was hoped that once funding is received in 2024/25 it would be an in-year build.
	
	HH referred to the extension to risk 3810, recognising that this had already been on the risk register for a significant length of time. JB clarified that whilst the risk remains on the high-level risk register, progress has been made in terms of appointing to posts within the haematology service and therefore the service has been strengthened. The Trust was working collaboratively with Airedale NHS FT, and this was taking longer than expected hence the	

No.	Agenda Item	Action
	continuing risk, rather than the risk being reflective of the resilience of the current service. HH requested that at the next Executive Review this risk is nuanced to better reflect the current position. The Board was assured that all risks on the High-Level Risk Register and BAF are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled; and approved the addition of risk 6 (board leadership and governance) to the BAF.	**Associate Director of Corporate Governance / Board Secretary Bo24002**
Section 4b: Quality and Patient Safety		
Bo.1.24.8	**Report from the Chair of the Quality and Patient Safety Academy (QPSA) – November and December 2023** LB provided an overview of the report highlighting the following items: • The escalation to the ICB Chief Nurse and in turn the North East and Yorkshire Chief Midwife of the significant number of women waiting on planned inductions for labour whereby one case of harm had occurred resulting in the unfortunate death of a baby. • The discussion at Academy on Health Inequalities and how best to engage our diverse workforce in considering action plans and strategies in relation to health inequalities. • The trust managing to maintain high levels of performance during December despite the Junior Doctors industrial action. • Academy support for t the addition of a new CLIP metric to the quality dashboard from next year. • Whilst SHMI data was higher than expected the Academy noted the issues with coding and received assurance that all deaths in the Trust within the period had been scrutinised with no safety concerns found. In regard to the strep B research (one of the causes of the increase in women waiting for inductions); JL questioned whether a risk assessment had been carried out prior to participation. KD advised that this was a national research project, and that it was a known risk that undiagnosed strep B in mothers could result in stillbirth, so this risk was balanced against the risk of delaying planned inductions. The national research continued and would be evaluated in April 2024. She also advised that all hospitals in the region had a significant backlog of delayed inductions due to multiple factors. KD also confirmed that the stillbirth in November had been escalated very quickly (both internally via the Executive huddle and more widely via the ICB), and the clinical teams had worked to increase the number of inductions and considered how to describe the processes to women attending the Maternity Assessment Clinic.	

No.	Agenda Item	Action
	MP advised of a letter received on 28 November from NHS England which was a statement of information on health inequalities. The letter gave much more detailed information on what should be monitored and reported on to satisfy organisations that they are tackling heath inequalities in a meaningful and measurable way. In terms of A&E performance, MP recognised that the Trust was regularly one of the top achievers, both regionally and nationally, and that there had been a number of measures put in place within the department to aid this, including the implementation of the same day emergency care (SDEC) unit and GP streaming at the front door. Whilst the industrial action had created challenges, there were also benefits in utilising more senior decision makers in A&E and this had demonstrated that decisions made on admittance tend to result in fewer admittances and much smoother patient flow. HH put on record her thanks to the teams for working hard to maintain high levels of performance. PR referred to the SHMI data and noted the latency between the Trust supplying data for the report and this being reflected. The data supply issue had now been rectified and it was expected that the March report would feature the correct data. KD updated the Board that as of this week, the Trust had changed its risk management system from Datix to InPhase, the latter of which was more intuitive and allowed for a thematic review of complaints. This had highlighted a repetitive theme of lack of palliative care input for those patients who had sadly died. The team was reviewing this further to identify opportunities to improve. KD also highlighted the reference to the safeguarding annual reports which showed an increase demand on services, not only in terms of workload but also in the level of scrutiny following the report into the death of Star Hobson. The Board was assured by the report.	
Bo.1.24.9	**Maternity and Neonatal Services Update** The Board noted that all papers within this section had been received by the QPSA and the Board was assured by the update provided above by the Chair of the Academy. It was also noted that the Neonatal Medical and Nursing action plans had been approved by the People Academy in November, and the Board confirmed their further approval of the action plans. SH provided some further highlights as follows: • The LMNS assurance visit was positive, and despite having taken place on a challenging day for the department, the feedback was that staff were engaged and committed, and could articulate challenges and actions taken to respond to these.	

No.	Agenda Item	Action
	• The aforementioned pressures in delayed inductions had been managed, and there had been another slight increase in induction backlog but this was replicated across the region therefore the Trust was not an outlier in comparison to neighbouring Trusts. The challenges in November and the sad death of a baby meant that the system has improved to address backlogs in a more robust way. The daily assurance meetings continued despite a reduction in pressures to ensure oversight. HH recognised that the neonatal unit staff have been subject to rigorous external feedback which has been difficult at times, but she thanked them for their attitude in responding to this with a focus on improvement. SH and KD noted that this was JP's final meeting of the Board and thanked him for his work as the maternity safety champion . There would be a gap following his departure and HH confirmed she would discuss this with other NEDs to see who may be interested in taking up this position, recognising that this may be a holding position for now until the new substantive Chair is in post. **Maternity Incentive Scheme (MIS)** SH advised that the annual MIS submission was due on 1ˢ February 2024, and despite the challenges year on year as the level of scrutiny expands, the Trust will declare full compliance as in previous years. The papers shared with the Board provided a breakdown of each standard and available evidence if requested to share this by the MIS. The summary for the Trust had been shared with the Accountable Officers for the ICB and ICS, both of which confirmed they were assured by the content. SH highlighted the following points against several safety actions: • The Trust has met all standards in all cases in relation to safety action one, with the exception of one baby who was a surveillance case only. In this case, the surveillance information was not completed within four weeks of death due to technology issues. Having discussed this with NHS Resolution, it is anticipated that the mitigation will be accepted in this case. • The Board formally recorded approval of the Neonatal Medical and Neonatal paper and action plans which had also been approved at the November People Academy. • The Board formally approved the 1:1 care in labour risk / assessment action plan required to achieve compliance with safety action five. KW confirmed that safety action four came to People Academy at the end of November, as at that point there was non-compliance with staffing. SH confirmed that whilst the maternity unit does not always meet the British Association of Perinatal Medicine (BAPM) standards	**Interim Chair Bo24003**

No.	Agenda Item	Action
	for staffing, the related action plan shows progress towards working towards this, and the stipulation of the safety action is in relation to progress made. Therefore, the Trust was able to declare overall compliance with this action. KW confirmed that the People academy was assured of the progress being made. MP confirmed that Beverly Geary, Chief Nurse of the ICS, had also reported satisfaction with the Trust's assessment of compliance. LB recognised that a regular issue raised at QPSA is 1:1 care and a lack of clarity on this as there is limited feedback. SH advised that the maternity survey does highlight that women feel they are left alone at a vulnerable time, and the action plan will focus on actions as a service to improve this, but there are wider factors to consider such as women often feeling they need 1:1 care at times when this is not clinically required. HH referred to the case in relation to safety action one whereby surveillance information was not completed within the required time frame. Whilst she acknowledged that this was an isolated incident and not an ongoing safety concern, she queried if there was any learning from it. SH advised that the system is very robust, and she was confident that such an incident would not be repeated due to additional arrangements put in place to ensure continuous monitoring of surveillance information. The Board was assured by the update and approved the MIS compliance submission which would be signed off and submitted by the CEO on 1 February 2024 on behalf of the Board.	
Bo.1.24.10	**Proposal to establish a Maternity and Neonatal Task and Finish Group** KD referred to the paper which sought approval from the Board to form a task and finish group, with the purpose of identifying new ways of managing and presenting the large quantity of maternity and neonatal information that is mandated for submission to various forums. HH recognised that there is also a national review of the mandated reporting requirements to ensure these are appropriate. The Board approved the establishment of the task and finish group and the draft terms of reference.	
Section 4c: People		
Bo.1.24.11	**Report from the Chair of the People Academy – November 2023** KW introduced the report. The following key items from the report were highlighted. • The Academy review of the MIS safety action four in detail.	

No.	Agenda Item	Action
	• With regard to the risks reviewed the Academy noted in particular the good progress in reducing midwifery and nursing staffing vacancies. • The reductions in the levels of staff turnover and staff absence rates. Of particular note was the stretch target set for absence of 5.5% by the end of March. • The long-term workforce plan had been developed. • A detailed update was received on The Outstanding Pharmacy Services (OPS). Whilst there had been much positive progress, which was pleasing to hear, 55% of the pharmacy staff were not engaged in workstreams and so focus is now on how best to reach this cohort of staff. • Recent campaigns for the St Luke's Hospital day case unit and in general nursing and midwifery had attracted a total of1100 candidates registering their interest and with 59 new staff appointments. KW shared that the Academy was experiencing challenges currently. She was the only NED in attendance recently and also was responsible for Chairing the meeting – this inevitably contributed to the meetings running over the scheduled time. However other attendees along with the Executives present did a great job of challenging information provided. Board was assured by the report.	
Bo.1.24.12	**Equality and Diversity Council Update** MP presented the report detailing discussions at the Equality and Diversity Council meeting held on 15 December 2023 highlighting: • The Trust had received two national awards in recognition of work the Trust is doing to address EDI – a Nursing Times Workforce Award in the category of 'Best Employer for Diversity & Inclusion' and a HSJ Workforce Wellbeing Award for the SPaRC team in recognition of their innovative work on the Ramadan Allies project. • RESIN membership continues to increase, from 173 members in October to 224 in December, many of whom are new overseas recruits to the Trust. • The EDI briefing for managers has been aligned to Objective 1 of the Trust' EDI Strategy around "Education, Empowerment and Support". Following an initial pilot session in April we have successfully rolled out a half-day, face-to-face training course for line managers which focusses on providing safe spaces for open, honest and supportive conversations around EDI. • Ali-Jan Haider provided EDC members with a detailed update report on "Root out Racism" and shared some of the highlights in the meeting. He called on the members of EDC to provide their commitment and bravery in ensuring the success of Root out Racism, helping to embed a cultural	

No.	Agenda Item	Action
	change throughout the organisation and become anti-racism champions. • Vishal Sharma (Associate Director – Improvement Academy) gave a presentation around a pilot scheme to address Health Inequalities in Bradford with specific focus on cardio-vascular disease. • Kez Hayat, Head of EDI would be preparing a paper for an upcoming Executive Team Meeting providing a gap analysis on the 6 high impact actions for the EDI Improvement Plan and how we can ensure we achieve the required deadlines. There was a specific need to ensure all senior managers have an EDI objective as part of their appraisal by end of March 2024. SA highlighted the 'Pause for Peace' initiative led by the SPaRC team each Tuesday, recognising that the Trust was one of the very few, if not the first, organisations who have publicly invited staff to have open and difficult conversations about world events such as the ongoing Israel / Palestine conflict. LB commended this and the importance of recognising the difficulties for clinicians in managing faith needs alongside clinical needs. The Board was assured by the update.	
Section 4d: Finance and Performance		
Bo.1.24.13	**Report from the Chair of the Finance and Performance Academy – November 2023** JL introduced the report and highlighted the following key points: • There continues to be a risk to delivering the 2023/24 financial plan. The risk is, in the main, due to increased costs as a result of strike action and slow progress in delivering the Waste Reduction Plan. As at month 7, the Trust is £2.15m in deficit, although additional funding to support this deficit had been received from the ICS and is forecasting an end of year break-even position. • The Trust's cash position is forecasted to deteriorate over the next few years. The cash management group are working to ensure that the cash position is optimised and that any operational impacts of the worsening cash position are minimised. • The Trust's A&E performance remains strong against local peers. • The plan for 2024/25 across the three programme areas (RTT, Urgent Care and Cancer) once again highlights transformational actions, actions to proactively improve performance and improvements to business-as-usual performance that are required to achieve our ambition. The ambition for 2024/25 is to attain best quartile performance by March 2024 and top decile performance by March 2025 for all constitutional targets.	

No.	Agenda Item	Action
	The Board was assured by the report.	
Section 4e: Supporting Reports		
Bo.1.24.14	**Integrated Dashboard** MP reported that the Trust was performing very well in comparison with peers, and that the biggest concern at present is the development of financial plans for 2024/25 and beyond. However, there was a higher number of patients experiencing long lengths of stay, and work was ongoing at place level to define the optimal model of intermediate care. MP also highlighted that the number of colleagues from non-white British backgrounds employed by BTHFT had increased and now exceeds representation in terms of the proportion of the population. Concentration was now on accelerating representation at the most senior levels within the organisation with recognition that attention is needed on developing the pipeline of individuals into more senior posts. MP noted that there had been three recent executive appointments, none of which were from a minority ethnic background. There was a need to develop the talent pipeline to support greater diversity at bands 8 and above into deputy, then director, posts. The Board was assured by the dashboard.	
Bo.1.24.15	**Finance Report** MH provided an updated financial position since the November Academy meeting which had already been discussed under item Bo.1.23.13. The latest figures at the end of Month 9 suggested a slightly better than forecast position in terms of the predicted underlying run-rate. Overall, the Trust was still targeting a breakeven position at year-end against a revised£1.1m deficit plan, but there was a need to be mindful of the £10m system wide gap, which colleagues were reviewing together at system level to address. Internally, opportunities to address the underlying run rate are regularly reviewed with opportunity scanning ongoing. Work is also ongoing to identify ways to catch up on the activity lost through industrial action and in particular, to address the 65-week waiters. Financial escalation meetings are now in place with challenged clinical service units. The waste reduction workstreams also continue but are not seeing much output. There has been good progress on reduction in agency spend with HCA agency usage reduced to zero and a reduction on agency reliance in estates and facilities. The Maternity Incentive Scheme would also release £700k towards the waste reduction plan if deemed compliant. MH also highlighted the capital risks, with £40m remaining to spend in Quarter 4 and an escalated risk of deliverability of the capital	

No.	Agenda Item	Action
	programme. At present, schemes were being moved and brought forward to ensure that the £40m is spent in-year. MH noted that at present, the finance teams were planning for 2024/25 and the opportunities available as an organisation given that all technical and non-recurrent adjustments have been deployed this year so will not be available next year. The executive team would need to consider whether there is capacity, capability, and resource to take forward some transformation/ change opportunities presented to them. JL referred to the balance sheets peer review being undertaken, recognising that this was a significant step change from previous system working, and a very open and transparent look at organisation finances. She welcomed the view of the incoming Director of Strategy and Transformation on how they can help to support an improvement programme and the workforce with some of the transformation work. SA quantified the impact from the December and January strikes – in those two months alone, 1464 outpatient procedures were cancelled, 51 cancer patients, 71 inpatients, and 96 day-cases. The operational team were undertaking an assessment of challenged areas and working closely within the remainder of financial year to work with the independent sector on ensuring longer wait patients are seen where possible. The Trust was also offering mutual aid to support other organisations who had some longer length waits. BAS referred to previous reports which showed a decrease in productivity against an increase in headcount and queried what opportunities for improvement were being identified to address this. SA referred to improvements undertaken in service areas, such as endoscopy, to reduce reliance on insourcing and outsourcing, including consultant posts being filled and lists now being delivered internally which will quickly reduce the cost being spent to a much more sustainable model. CSUs were also looking at forward planning for vacancies. MP advised that the use of GIRFT was being embraced to help inform decision making, with all business case proposals for additional consultants to reference comparison with GIRFT guidance. JB referred to the requirement for service areas to consider current workforce and describe why they need additional headcount when funding requests for expansion of workforce are made. BAS recognised that staff needed to understand the serious financial risks, and MH agreed that the executives needed to agree how to change this mindset. There was an upcoming executive time out on 29 January to focus on this. KW highlighted that innovative practices and the ‘embedding kindness’ programme may also have impacted on productivity levels, as the focus on patient experience means some procedures and	

No.	Agenda Item	Action
	conversations now take longer than previously. She echoed the need for staff to understand the financial position but identified that this could be done differently and in a more positive manner, such as encouraging staff to make suggestions and contributions on opportunities for waste reduction. The Board was assured by the report.	
Bo.1.24.16	**Performance Report** SA referred to the latest performance report, noting the aspiration to be in the top quartile for all measures. For those areas where performance was already within the top quartile, the aspiration was to achieve top decile performance which would support the Trust's ambition to deliver operational excellence and outstanding services. As mentioned previously, UEC performance remained steady, and the Trust was consistently ranked as one of the best performers in the country. SA noted this was due to a number of factors including front door streaming and the development of SDEC. The ambulance handover position was also strong and improving, with HALOs in place within the emergency department to speed up the handover process and release ambulances rapidly. With regards to the winter plan, SA confirmed that the opening of wards and beds is continuing as planned and it was anticipated that this would improve performance metrics such as the SSNAP data, given the opening of ward 9 which resulted in additional beds for stroke patients. SA commented on the learning as a result of the industrial action, which had demonstrated that consultant presence at the front door of A&E did enable a faster turnaround of patients. This learning would help inform next year's winter response. There were a number of organisations operating at OPEL 4, but the operational response to pressures within the Trust had meant that BTHFT was not in that position. In terms of the RTT standard, the Trust was currently not complaint at 66.59% but there was a focus on prioritising the order of patients to ensure that clinically urgent patients were seen first. There were no patients waiting beyond 78 weeks, and the Trust was on target to have zero patients waiting beyond 65 weeks by the end of March 2024. The Trust was also in a relatively good position in relation to 52 week waits. There would be a focus in 2024/25 on maximising productivity in house and reducing reliance on insourcing and outsourcing. In relation to diagnostics and cancer standards, the two week wait, and faster diagnosis standard positions were strong. The 62-day backlog was on plan to be at no more than 43 patients by the end of March. The biggest challenge for diagnostics was in histopathology, and there was a programme in place to improve this pathway.	

No.	Agenda Item	Action
	Diagnostic waiting times remained challenging, but the Community Diagnostic Centre was now largely completed with a formal handover expected shortly, which would improve diagnostic, cancer and RTT pathways. KW congratulated the finance and operational teams on the clarity of presentations and reports that are shared through the Finance and Performance Academy, which regularly provide detail from operational, tactical and strategic perspectives. BAS commented that the expanded stroke bed capacity was welcome, and asked whether there would be an action plan with set time frames to achieve stroke aspirations. SA advised that there was a strong focus on this, and that the overall aim was to achieve an 'A' rating from SSNAP. A more immediate ambition was to achieve and consistently maintain a 'B' rating, and then assess the investments needed to achieve an 'A' against other priorities. A further update would be brought to the Board in 6 months' time detailing the progress made and improvements seen as a result of the opening of ward 9. The Board was assured by the report.	**Chief Medical Officer Bo24004**
Section 4f: Audit & Assurance		
Bo.1.24.17	**Report from the Chair of the Audit Committee – November 2023** BAS introduced the report which was taken as read. There were no further comments from the Board.	
Section 5: Governance		
Bo.1.24.18	**Distributed Leadership Model – Director of Nursing and Quality** KD advised that the Director of Quality and Nursing for Bradford District and Craven had formally retired on the 31 March 2023. This had provided an opportunity to review both the existing and future arrangements. The three provider Chief Nurses and the Director of Nursing and Quality reviewed the possibility of a distributed leadership model shared between the three provider Chief Nurses and this has been in place since 1 April 2023. As part of the agreement to trial the arrangements for a one-year period, a 6 monthly review and evaluation was presented to Partnership Leadership Executive (PLE) where colleagues were supportive of continuing the arrangement. The Board noted the proposal approved at PLE and endorsed the current arrangements for the Chief Nurse to continue with the distributed leadership model.	
Bo.1.24.19	**Constitution Amendments**	

No.	Agenda Item	Action
	MP advised that following the retirement of John Holden, Director of Strategy and Integration/Deputy CEO, the Board has one less voting Executive. The Chief Executive is not proposing to appoint a second Deputy CEO. However, to ensure that the number of voting executives on the Board remains at 6, it was requested that either the Chief People and Purpose Officer or the Director of Strategy and Transformation is appointed as a voting Executive. The Board agreed that the Director of Strategy and Transformation should be appointed as a voting Executive. The Constitution would be amended in line with the Board's decision and the proposed amendments would be presented to the Council of Governors for approval on 6 February 2024.	
Bo.1.24.20	**Academy Work Plans** The Academy work plans were noted and approved.	
Section 6: Board Meeting Outcomes		
Bo.1.24.21	**Any Other Business** No other business was discussed.	
Bo.1.24.22	**Issues to Refer to Board Committees/Academies or Elsewhere** There were no additional issues to refer to the Committees/Academies or elsewhere.	
Bo.1.24.23	**Review of Meeting** It was agreed to continue to include the finance report, performance report and integrated dashboard report as separate items on the agenda. LP would ensure that future Board meeting agendas replicated this.	**Associate Director of Corporate Governance / Board Secretary Bo24005**
Bo.1.24.24	**Date and Time of Next Meeting** 14 March 2024 – 09:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 18 January 2024

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo23016	Bo.11.23.7	**Corporate Strategy:** It was agreed that a note would be shared with the Board detailing additional information on the approach to progressing the amber areas to green.	Chief Operating Officer	March 2024	Update circulated via e-mail. Action complete.
Bo24001	Bo.1.24.2	**Declarations of Interest:** The published declarations of interest did not include those of the Non-Executive Directors. This would be rectified, and an updated version published.	Associate Director of Corporate Governance / Board Secretary	March 2024	The register of interests was updated to include all Board members. Action complete.
Bo24002	Bo.1.24.7	**Board Assurance Framework (BAF) and High-Level Risks:** As risk 3810 has been on the risk register for a significant length of time; HH requested that at the next Executive Review this risk is nuanced to better reflect the current position.	Associate Director of Corporate Governance / Board Secretary	March 2024	ETM will review and confirm revised narrative at their meeting scheduled for 19 February. Action complete.
Bo24003	Bo.1.24.9	**Maternity and Neonatal Services Update:** HH confirmed she would discuss the maternity safety champion role with other NEDs to see who may be interested in taking up this position following Jon Prashar's departure.	Interim Chair	March 2024	Zafir Ali appointed as NED Maternity Champion. Action complete.
Bo24005	Bo.1.24.23	**Review of Meeting:** It was agreed to continue to have the finance report, performance report and integrated dashboard report as separate items on the agenda. LP would ensure that future Board meeting agendas replicated this.	Associate Director of Corporate Governance and Board Secretary	March 2024	Action complete.
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	Added to Board Development planner – date to be confirmed. It was agreed to keep this open on the log until a date is confirmed.

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo23013	Bo.11.23.8	**Digital Strategy Annual Report:** PR to develop a high-level action plan to ensure oversight of the work ongoing to improve depth of coding and bring this to a future Board meeting.	Chief Digital and Information Officer	May 2024	Update to be presented to QPSA in April 2024, followed by an update to the Board in May 2024.
Bo23008	Bo.9.23.7	**Report from the Chief Executive – Sexual Safety Charter:** KD agreed to provide an informal update at a Board Development Session in approximately six months to share the progress as well as the findings that are emerging both locally and nationally as well as the definitions of what would be classed as sexual harassment	Chief Nurse	May 2024	Item to be discussed at People Academy on 24.4.24.
Bo24004	Bo.1.24.16	**Performance Report:** A further stroke update would be brought to the Board in 6 month's detailing progress made, and improvements seen as a result of opening the ward 9 beds.	Chief Medical Officer	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	