

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 11 July 2024	Time:	09:30 – 12:20
Venue:	Meeting Room, Listening for Life Centre, BRI	Chair:	Sarah Jones, Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Sarah Jones (SJ) - Bryan Machin (BM) - Julie Lawreniuk (JL) - Karen Walker (KW) - Louise Bryant (LB) - Zafir Ali (ZA) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Professor Karen Dawber, Chief Nurse (KD) - Dr Ray Smith, Chief Medical Officer (RS) - Chris Smith, Interim Director of Finance (CS) - Mark Hindmarsh, Director of Strategy and Transformation (MHi) 		
In Attendance:	<ul style="list-style-type: none"> - Adam Griffin, Deputy Chief Digital and Information Officer (AG) - Renee Bullock, Chief People and Purpose Officer (RB) - Jacqui Maurice, Head of Corporate Governance (JM) - Carly Stott, Head of Midwifery (CS) for item Bo.7.24.6 only - Ruth Tolley, Quality Lead for Patient Experience (RT) for item Bo.7.24.7 only - Yaseen Muhammed, Director of Infection, Prevention and Control (YM) for item Bo.7.24.8 only - Cat Shutt, Head of OD (CS) for item Bo.7.24.12 only - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - Katie Shepherd, Corporate Governance Manager - Helen Wilson, Governor - John Waterhouse, Governor - Rob Hickling, Business Development manager – BT Health 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.7.24.1	<p>Apologies for Absence</p> <p>Apologies were received as follows:</p> <ul style="list-style-type: none"> - Mohammed Hussain (authorised absence), Non-Executive Director - Sughra Nazir, Non-Executive Director - Altaf Sadique, Non-Executive Director - Paul Rice, Chief Digital and Information Officer 	

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	<p>- Laura Parsons, Associate Director of Corporate Governance / Board Secretary</p>	
Bo.7.24.2	<p>Declarations of Interest</p> <p>There were no further declarations of interest.</p>	
Bo.7.24.3	<p>Minutes of the Meeting held on 9 May 2024</p> <p>The minutes of the meeting held on 9 May 2024 were approved as a true and accurate record.</p>	
Bo.7.24.4	<p>Matters Arising</p> <p>The following actions were reviewed, and the outcomes confirmed.</p> <ul style="list-style-type: none"> • <u>Bo24009 EDI Strategy annual update / Equality, Diversity & Inclusion update (WRES, WDES):</u> NED objectives have been reviewed and agreed. <u>Action completed.</u> • <u>Bo23003 Health Inequalities & Waiting List Analysis –</u> A new Board development programme is being developed. <u>Action completed.</u> • <u>Bo24010 Staff Survey Results:</u> The draft Staff Survey Action Plan was presented and discussed at the People Academy on 24 April 2024 and wider engagement is in progress. To be presented to the Board in July 2024. <u>Action completed.</u> • <u>Bo24004 Performance Report:</u> An update in relation to stroke has been circulated to Board members via email. There were no further comments during the meeting. <u>Action completed.</u> • <u>Bo24013 Report from the Chair of the Quality and Patient Safety Academy – March and April 2024:</u> KD to provide a more detailed update on PSIRF incidents via the QPSA.. <u>Action completed.</u> • <u>Bo24014 Report from the Chair of the Quality and Patient Safety Academy – March and April 2024:</u> Sue Franklin is planned to attend the Board meeting today to update on FTSU. <u>Action completed.</u> 	
Section 2: Patient Care		
Bo.7.24.5	<p>Report from the Chair of the Quality and Patient Safety Academy – May and July 2024</p> <p>LB gave an overview of the reports which provided an update of the Quality and Patient Safety Academy (QPSA) meetings held in May and July 2024. The report was largely taken as read, however LB alerted the Board to the new high level risk in relation to a broken</p>	

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	<p>Haemonetics Blood Track Kiosk in Maternity linked to the blood fridges which cannot be repaired or replaced. The kiosk requires patient details to be scanned prior to fridge opening to obtain the correct patient's blood. Mitigating actions are in place to ensure safety of the system, but the entire system will require replacement, a software upgrade and a change required as to how the Trust's blood products are managed. Further details have been required and any replacement will be high cost (in excess of £1m). The Board would be kept updated on this as appropriate via the QPSA.</p> <p>The Board was assured by the update.</p> <p>Adults & Children Safeguarding Annual Report</p> <p>LB gave an overview of the highlights from the Adults and Children Safeguarding Annual report. The report was noted by the Board.</p>	
<p>Bo.7.24.6</p>	<p>Maternity and Neonatal Services Update</p> <p>KD welcomed CS to the meeting to provide an update on maternity and neonatal services. KD highlighted that the task and finish group (as discussed at the last Board meeting) is in development and would report to the Maternity Oversight Group.</p> <p>CS gave an overview of the presentation relating to maternity and neonatal services which included details on four additional issues that had not yet been received by QPSA:</p> <ul style="list-style-type: none"> • A review of the All Party Parliamentary Report on Birth Trauma • Information regarding a formal 'escalations of concern' letter received from MNSI regarding Maternity Early Warning Score (MEWS) and the service response • Summary of the Bi-Annual Midwifery Workforce paper, a requirement of the Maternity Incentive Scheme, year 6. • Early escalation of two maternal deaths in June – one by suicide and one antenatal community death of which cause of death is not yet ascertained. <p>CS noted that the number of maternal deaths in the last 6 months is four in comparison to the previous years average of 3 in 12 months. Initial review suggests there are no emerging trends or themes of concern, but it is suggested a thematic review is undertaken to confirm this. There are still areas of learning from these that the service will respond to.</p> <p>CS also advised of a further escalations of concern letter received last week in relation to Consultant Obstetrician response time, attendance, and labour ward cover during the case of a maternal death in January. The service was investigating this and would respond in due course.</p>	

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	<p>The Board thanked CS for the update and was assured by the report.</p>	
<p>Bo.7.24.7</p>	<p>Engagement Strategy Annual update</p> <p>RT joined the meeting to present the engagement strategy annual update. The presentation detailed the model of feedback, examples of engagement and involvement with both internal and external partners (e.g. Healthwatch, CQC, PHSO), and provided detail of the joint work with the Citizen Voice Forum network across Bradford, District and Craven.</p> <p>RT noted the importance of recognising and responding to concerns, and advised of work ongoing to streamline the complaints process including movement to an electronic system which ensures more rapid response. There has been an increase in complaints in Q3 and Q4 of last year, and a deep dive will be undertaken to identify any key themes.</p> <p>The Board was assured by the update.</p>	
<p>Bo.7.24.8</p>	<p>Infection Prevention and Control Annual Report 2023/24</p> <p>YM joined the meeting to present the Infection Prevention and Control (IPC) Annual Report for 2023/24. The presentation demonstrated improvement from 2022/23 to 2023/24, with the exception of two organisms: MSSA bacteraemia and Klebsiella bacteraemia. YM also highlighted a reduction in E-coli over the last four months which he believed was attributed to the hydration improvement project.</p> <p>MP queried the drivers behind the klebsiella increase, and YM advised that there has been an increase in community acquired cases, and due to the 28 day incubation period for klebsiella some of these patients are classified as hospital acquired cases if they return within that time. YM highlighted that other organisations are also seeing similar increases, and that in comparison with other Trusts, BTHFT is below the average benchmarking figure. The IPC team continue to review how practices can be improved to limit the number of klebsiella incidents.</p> <p>The Board thanked YM for his work in relation to IPC and was assured by the update.</p>	
<p>Section 3: People</p>		
<p>Bo.7.24.9</p>	<p>Report from the Chair of the People Academy – May and July 2024</p> <p>KW gave an overview of the reports which provided an update of the People Academy meetings held in May and June 2024. There were a number of issues to alert to the Board including the increase in the</p>	

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	<p>number of on-site fires as highlighting in the annual fire safety report, primarily as a result of smoking. A task and finish group has been set up to look at how to address this. The Board was also alerted to the most recent period of industrial action in late June – early July, but KW highlighted that the Trust is now experienced in handling this and mitigating the effects. The Academy had also heard an update in relation to Closing the Gap and the impacts this was having on staff, however the Academy were assured that the people impacts of the programme were understood and being mitigated.</p> <p>The Board was assured by the update.</p> <p>Workforce report</p> <p>The report was noted by the Board.</p> <p>Medical Appraisal & Revalidation annual report</p> <p>The report was noted by the Board.</p> <p>Annual Fire Safety report</p> <p>The report was noted by the Board.</p>	
Bo.7.24.10	<p>Freedom to Speak up Annual Report</p> <p>KD introduced the report, highlighting that there is an increasing trend in freedom to speak up concerns for the Trust, but this is also happening nationally. The majority of concerns were in relation to inappropriate attitudes / behaviours and bullying and harassment. ZA queried if there were any specific trends in concerns, and KD advised there were no major themes or trends of concern.</p> <p>KD also confirmed that presently, there are 11 FTSU Ambassadors within the Trust. Of these, four were men, four were from an ethnic minority, and they were across all bands from 3 – 8d, so very representative of the workforce. There is an ambition to increase the number of ambassadors in the estates and facilities service recognising that this is a large and encompassing area.</p> <p>SJ noted the desire to ensure the service is adequately resourced to ensure that all concerns can be appropriately managed and responded to.</p> <p>The Board was assured by the update.</p>	
Bo.7.24.11	<p>Nursing & Midwifery Staffing Establishment Review</p> <p>KD gave an overview of the paper which provided the outcome and recommendation of the Chief Nurse 6 month strategic staffing review for June 2024. The paper provided detail of the review for each area and KD highlighted the following recommendations of which she sought Board support:</p>	

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	<ul style="list-style-type: none"> • To support the recommended skill mix review on Ward 27 to reflect the rehabilitation and care needs of patients who are medically fit for discharge. The Ward Leadership team have recommended a reduction of Registered Nurses and an increase in Nursing Associates, Healthcare assistants and Rehabilitation Support workers. This change is a cost reduction of £29,511 • To support a skill mix review within the Neonatal Unit, to extend the Senior Nurse supervision of the Special Care area of the unit from 07:30-17:30, 7 days a week to 07:30-20:00. This will be achieved by utilising the existing band 6 budgets to provide 07:30-20:00 cover. The Senior Nurse role has successfully created a support & education structure for junior staff and families in the clinical area. This change is cost neutral. <p>Where additional establishment requests were not supported, KD had provided a detailed plan for addressing this. KD recognised the step change response this year to the establishment review in light of the current financial constraints faced by the Trust, which has led to difficult decisions. However, the Board was assured that the establishment levels remained at safe levels for patients.</p> <p>MP recognised that whilst there has been no financial investment in nursing, there has been recent decision making at ETM to invest in medical support overnight in A&E to help respond to the concerns around long waits in the A&E department to help more rapid turn around of patients by an increase in senior decision makers at the front door.</p> <p>JL noted the impact on People as a result of decisions such as this being made and so there was real importance to continue discussion of Closing the Gap at People Academy. KW echoed this and the need for transparency around decisions being made.</p> <p>The Board was assured by the update and supported the recommendations contained in the paper.</p>	
Bo.7.24.12	<p>Looking after our People – Staff Survey Action Plan</p> <p>CS joined the meeting to provide an update on the action plan reduced as an outcome for the 2023 Staff Survey. The action plan has been created by the OD Team following engagement with colleagues and key stakeholders including our networks, Unions and People Academy since the results were shared in March 2024. The action plan focuses on the top priorities that have been identified through engagement and after intensive analysis of the results.</p> <p>CS noted that progress would be reported via the People Academy with the Board kept updated via the Chair’s report.</p> <p>The Board was assured by the update.</p>	

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Bo.7.24.13	<p>Equality & Diversity Council update</p> <p>MP advised that there had been no council meeting since the last Board meeting, with the next meeting to be held 17th July.</p> <p>The Board noted the update.</p>	
Section 4: Finance and Performance		
Bo.7.24.14	<p>Report from the Chair of the Finance and Performance Academy – May and July 2024</p> <p>JL gave an overview of the reports which provided an update of the Finance and Performance Academy meetings held in May and June 2024. She alerted the Board to the risks to the financial position, noting that the Academy were not assured that the 2024/25 financial plan would be delivered but were assured about the work that is underway to mitigate this risk.</p> <p>MHi gave some headlines relating to Closing the Gap (CTG):</p> <ul style="list-style-type: none"> • The CTG programme has an overall £38.9m savings target, and at present there are 206 schemes identified amounting to approximately £46m (but £25m risk adjusted - 65% of the target and there are caveats around deliverability, risk etc) and this continues to rise week on week. This is encouraging progress. • The CTG Programme Board in place and met for the second time this week. CSUs are meeting with the entire Executive Team on a monthly basis, with CSU sponsor meetings held in between these. • High level impact assessments are being undertaken for each scheme and if schemes surpass a set score, deeper assessments will be undertaken. • A monthly CTG bulletin will be produced with video highlights of showcased areas. The intranet site launched at the end of June with >1000 hits in the first three days. Colleagues are working on developing a simple totaliser to display on the main page so that colleagues are aware of progress against target. • CTG will be included as a standing item on future Board agendas. <p>CS also gave a quick update on the financial position for month 3, noting that the trends were significantly improved on month two. At a headline level:</p> <ul style="list-style-type: none"> • The revised plan targeted a deficit at month 3 of £8.1m. The Trust has posted a deficit of £7.9m which is marginally lower than projected. However this includes £200k industrial action costs and we are unsure if this will be reimbursed. There is also a risk around the reported ERF position which is currently neutral as the baseline has not yet been issued from NHSE. 	

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	<ul style="list-style-type: none"> • There has been an improvement in the month 3 run rate of around £1.8m which is very substantial. • There is a variable pay panel in place which seems to demonstrate improvement in agency, bank and surge rates spend. • The non-clinical vacancy freeze remains in place, with any exceptions approved via ETM. • A non-pay review group is also in place to review non-clinical supplies beyond a set threshold, and decide whether to approve or reject requests. • Good progress has led to a better mid-case forecast of approximately £27m. However, CS highlighted we cannot lose pace on this and need to continue focus on delivering this. <p>MP made reference to the external cost review commissioned by WYAAT, led by PWC. The outcome report was not yet available but there would likely be shared learning that the Trust could implement and the Board would be kept updated as appropriate.</p> <p>The Board thanked colleagues across the Trust for their work in identifying opportunities for delivering the savings target.</p> <p>The Board was assured by the report.</p>	
Section 5: Audit & Assurance		
Bo.7.24.15	Report from the Chair of the Audit Committee The report was noted by the Board.	
Section 6: Business Reports		
Bo.7.24.16	Report from the Chair SJ introduced the report which was shared with the Board for information. The Board noted the report.	
Bo.7.24.17	Report from the Chief Executive MP introduced the report which was shared with the Board for information. She made the following highlights: <ul style="list-style-type: none"> • The most recent period of industrial action took place in late June – early July, and the BMA had provided slightly more notice than the statutory two weeks which had resulted in less impact on elective procedures as there was not as many planned electives to cancel. The new Secretary of State has already commenced negotiations with the BMA as a first 	

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	<p>order of priority following Labour party election into government which is positive progress.</p> <ul style="list-style-type: none"> The performance standards for urgent and emergency care (UEC) are very binary metrics, and do not demonstrate patient experience. MP referred to the Channel 4 Dispatches programme aired on 24th June highlighting the findings of an undercover journalist that showcased horrific experiences for patients attending a hospital in the Midlands. Following this, all Trusts have received a letter from Sarah-Jane Marsh and other senior Leaders in NHSE instructing that we are to assure ourselves that those same experiences are not prevalent in our own organisations. Work on this has commenced and the QPSA will receive an assessment against this which will then report to Board. SA will also take a detailed report to Finance and Performance Academy in relation to UEC, but initial comparison data was that BTHFT was significantly better in terms of performance than the hospital in the Dispatches programme. There are also a number of control measures processes in place at BTHFT to ensure oversight and escalation of concerns e.g. safety huddle, executive huddle etc. SJ had visited A&E recently and saw exceptional service with no areas of concern. The pressure point appears to be in relation to section 136 patients (those with mental health needs) as the emergency department does not have the appropriate structure to be able to deal with this. <p>The Board noted the update.</p> <p>Integrated Dashboard</p> <p>The report was noted by the Board.</p> <p>Finance Report</p> <p>The report was noted by the Board.</p> <p>Performance Report</p> <p>The report was noted by the Board.</p>	
Section 7: Governance		
Bo.7.24.18	<p>Board Assurance Framework, risk appetite review and High-Level Risks</p> <p>JM introduced the high level risk register report, and updated on all changes (new risks, closed risks, and changes in score) that had occurred since the last Board meeting.</p> <p>The following risk was discussed in more detail:</p> <ul style="list-style-type: none"> Risk 2509 (autism and ADHD waiting times) – KD highlighted this was not a solo BTHFT problem / risk and she was 	

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	<p>working with the place to identify how to address this at place level. Notwithstanding, she was looking at what mitigations could be put in place at Trust level to address this.</p> <p>The BAF is currently being re-developed as part of the annual review process and following an external review of the Trust's governance arrangements. This was discussed at the Board Development session held on 13 June 2024 where the Board prioritised the existing BAF risks. The number of risks on the BAF (currently 17) will be reduced to remove any duplication and to ensure that the Board can focus on the risks with the highest priority. The risk appetite statement is also currently subject to an annual review and will be refreshed to align with the current context.</p> <p>KD advised of the change in the Moving to Outstanding Meeting to an Oversight Governance Assurance meeting which ensures oversight of risks ahead of these being presented to ETM and the Board.</p> <p>The Board confirmed their assurance that all risks on the High Level Risk Register are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.</p>	
Bo.7.24.19	<p>Academy/Committee annual reports, terms of reference and work plans</p> <p>JM introduced the paper which provided updates on the Academy / Committee annual reports, terms of reference, and workplans. JM highlighted that the Audit Committee has received and approved all annual reports and interim terms of reference.</p> <p>The Board confirmed that that it derives assurance from all the annual reports presented and that the academies and committees have been effective. The Board also approved the interim terms of reference and the proposed Academy / Committee interim work plans. The final Terms of Reference and Work Plans would be brought back to Board in September for approval.</p>	
Section 8: Board Meeting Outcomes		
Bo.7.24.20	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.7.24.21	<p>Issues to Refer to Board Committees/Academies or Elsewhere</p> <p>There were no particular issues to refer elsewhere.</p>	
Bo.7.24.22	<p>Review of Meeting</p> <p>There were no comments noted.</p>	

No.	Agenda Item	Action
Bo.7.24.23	Date and Time of Next Meeting 19 September 2024 – 09:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 11 July 2024

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo240015	Bo.5.24.10	Report from the Chair of the People Academy – March and April 2024: LB is leading on the sexual safety charter for the University of Leeds, and she suggested that the Trust and the University work together on this. LB and KD would pick up further offline for shared learning.	Chief Nurse	September 2024	Discussions have taken place as agreed. Action closed.
Bo240016	Bo.5.24.15	Report from the Chair of the Charitable Funds Committee: LP and BM would discuss offline and update the terms of reference as appropriate to clarify the wording of ‘Corporate Trustee’s’.	Associate Director of Corporate Governance and Board Secretary	November 2024	Amended TOR to be presented to Charitable Funds Committee and Board in November 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	A key has been added to the document (logic model). Action closed.
Bo240012	Bo.5.24.5	Patient Story: KD would work with EC on the trauma informed charter for BTHFT and bring this back to a future meeting.	Chief Nurse	November 2024	