

BOARD OF DIRECTORS OPEN MEETING MINUTES, ACTIONS & DECISIONS

At a scheduled meeting in public of the Board of Directors of Bradford Teaching Hospital on the 22nd September 2022, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 14th of July 2022 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

Date:	Thursday 22 September 2022	Time:	09:30-15:15
Venue:	Microsoft Teams Meeting	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Professor Janet Hirst (JHi) - Ms Julie Lawreniuk (JL) - Ms Sughra Nazir (SN) - Mr Jon Prashar (JP) (intermittent attendance) - Mr Altaf Sadique (AS) - Mr Barrie Senior (BAS) - Ms Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Mr Sajid Azeb, Chief Operating Officer (SA) - Ms Karen Dawber, Chief Nurse (KD) - Mr John Holden, Director of Strategy and Integration (JH) - Dr Ray Smith, Chief Medical Officer (RS) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Paul Rice Chief Digital and Information Officer (PR) (apologies 12.15-1.30) - Mr Mark Holloway, Director of Estates and Facilities (MHol) - Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Mr Mohammed Arshad, Head of SPaRC Team & Imam (MA) and Joanna Mutlow (JM) SPaRC Practitioner for item Bo.9.22.3 - Ms Sara Hollins, Director of Midwifery (SH) for item Bo.9.22.14 - Mr Graeme Holmes, IG Manager (GH) for item Bo.9.22.26 - Mr Faeem Lal, Deputy Director of Human Resources (FL) on behalf of Ms Pat Campbell - Mr Michael Quinlan, Deputy Director of Finance (MQ) on behalf of Mr Matthew Horner - Ms Nahida Mafuz, Executive Assistant as secretariat 		
Observing:	<ul style="list-style-type: none"> - Ms Kathryn Simons-Porter, Governor - Mr Mohammed Altayyeb, Graduate Management Trainee - Ms Aki Matsumura, Trainee Knowledge and Resource Librarian - Senior Nursing Team for item Bo.9.22.9 		

No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair's Opening Remarks</p> <p>MM welcomed all attendees to the meeting and thanked colleagues for their attendance. MM noted the agenda items to be discussed.</p> <p>MM acknowledged the sad passing of Her Majesty, Queen Elizabeth II and wished to recognise the service she provided to the country during her reign.</p>	
Bo.9.22.1	<p>Apologies for Absence</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Ms Pat Campbell, Director of Human Resources • Mr Matthew Horner, Director of Finance • Mr Mohammed Hussain, Non-Executive Director 	
Bo.9.22.2	<p>Declarations of Interest</p> <p>PR declared a change in relation to his son's employment. MM advised the change would be reflected on the Declaration of Interest Register.</p>	
Bo.9.22.3	<p>Meet the CSU: Spiritual, Pastoral and Religious Care (SPaRC) Team</p> <p>SA welcomed Mohammed Arshad, Head of SPaRC Team/Imam (MA) and Joanna Mutlow (JM) SPaRC Practitioner to present the item.</p> <p>MA and JM provided an overview of the presentation and explained that the SPaRC Team have now completed the first year of the planned three year change programme for the team. MA and JL provided an insight into the progress made to date and explained the next steps for the team which include the following key elements:</p> <ul style="list-style-type: none"> • Embedding diversity within the team through active recruitment and refreshed Service Level Agreements • Re-engaging with SPaRC volunteers both old and new • Establishing regular SPaRC presence across all Trust sites • Roll out of the SPaRC app for staff and patient use in the near future • Working with colleagues in Education to deliver cultural competence and SPaRC awareness • Developing tranquillity and worship spaces • Establishing robust methods for data recording including the use of Electronic Patient Records (EPR) <p>MM thanked MA and JM for the presentation and welcomed comments and questions from Board colleagues.</p> <p>A discussion took place in relation to the innovative SPaRC app and whether consideration should be given to licensing the app as it may attract commercial interest. JH commented that risk and reward need to</p>	

	<p>be considered in line with the Trust ethos. JH agreed to liaise with the team and seek further advice in relation to this.</p> <p>RS was pleased to hear the work of the team and asked whether staff are making use of the opportunities of support that are available. MA felt that the pandemic helped staff realise that the team are available to support them as well as to support patients. MA believed that the new name of the team had also encouraged staff to access services. Having an increased visible presence within the hospital has also encouraged take up of support by staff.</p> <p>SN acknowledged and commended the work of the team especially during the difficulties faced during the pandemic. SN queried the involvement of SPaRC staff members during ward handovers and asked whether consent from patients is in place as well as adherence to information governance protocol. MA explained that referrals are made to the team and therefore there is full adherence from an information governance point of view.</p> <p>PR asked how the team could play a part in proactively reaching out to those communities that are hard to reach as the Trust has an important part to play in community harmony. MM agreed and advised that consideration needs to be given to how the service is promoted and encouraged. The team would work with KD to progress this.</p> <p>SN said she was aware of the very valuable work of the team during the pandemic and asked about staff wellbeing and whether there are any actions in place to address the impact of the pandemic on the team itself. MA explained that as a team they supported each other through this challenging time and they also had the support of KD and senior colleagues whenever it was needed which the team is grateful for.</p> <p>KD acknowledged the work of the team and wished to take the opportunity to also recognise the work of the volunteers who play a huge part to help deliver valuable services. KD wished to acknowledge one volunteer in particular who has sadly passed away.</p> <p>MM thanked MA and JM for the insightful presentation and the patient focussed work that the team carries out and confirmed the support of the Board to assist the team as needed particularly in the promotion of the upcoming app.</p> <p>Action: The link to the app to be shared with the Board of Directors but will not be circulated further for now.</p>	Associate Director of Corporate Governance/ Board Secretary
Section 2: Business From Previous Board Meeting		
Bo.9.22.4	<p>Minutes of the Meeting held on the 14th July 2022</p> <p>The minutes of the meeting held on the 14th of July 2022 were approved as a true and accurate record of the discussions and decisions subject to the addition of the following sentence to the Finance & Performance section of the last meeting minutes (item Bo.7.22.13):</p> <ul style="list-style-type: none"> BS referred to the rating of the Trust's stroke performance data and 	

	<p>suggested that further emphasis is given to the stroke performance data within the report.</p> <p>JL confirmed this would be picked up at the next Finance & Performance Academy meeting on 28 September 2022.</p>	
Bo.9.22.5	<p>Matters Arising</p> <p>The actions from the log were reviewed and the following outcomes agreed.</p> <ul style="list-style-type: none"> • <u>Bo22013 Bo.7.22.10 Looking After Our People</u> PC to update Board offline with further data on the percentage of staff currently absent due to reasons of mental health. Email sent to NEDs on 23/08/22. Action closed. • <u>Bo22014 Bo.7.22.14 Waiting List Analysis</u> SA confirmed that activities are underway on a daily basis to address the health inequalities agenda. MM asked if SA could share some examples of key interventions that are being taken in relation to this with Board members. • <u>Bo22015 Bo.7.22.17 Children's Services Update</u> MM queried the numbers of 16-17 year old mothers, and KD advised SH has been tasked to find out these numbers and would share details with Board. KD confirmed that the current caseload as of 12 September 2022 is 30. Action closed. 	Chief Operating Officer
Section 3: Business Reports		
Bo.9.22.6	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report, which focused particularly upon the recently launched Governor elections as well as the Annual General Meeting (AGM) / Annual Members Meeting (AMM) due to be held on Monday 31 October 2022.</p> <p>MM was pleased to note the high attendance at the recent Council of Governors Meeting and wished to thank PR for the Executive Brief in relation to the Trust's Digital Developments that was shared with Governors and members.</p> <p>The Board noted the report.</p>	
Bo.9.22.7	<p>Report from the Chief Executive</p> <p>MP highlighted the following key points in relation to patients, people, partners, and place:</p> <ul style="list-style-type: none"> • <u>Patients:</u> The Trust continues to work towards reducing the waiting times for elective procedures with only three patients having waited more than 104 weeks by the end of September of which two are due to patient wishes to delay their treatment and the third is expected to receive treatment during the first week of October. A trajectory has 	

also been set to reduce the number of patients waiting 78 weeks and 52 weeks and work is underway to achieve this by optimising the physical and workforce resources that are available. MP was pleased to report that the bid for £15m of Targeted Investment Funding to create additional elective surgical capacity at St Luke's Hospital site has been successful and work has commenced to have this operational by Quarter 4 of 2023.

In terms of urgent care MP reported that the Accident & Emergency Department (AED) continues to receive large numbers of patients presenting for treatment. A collective winter plan is currently in the process of being finalised with Place partners, and colleagues in the Trust are engaged in assessing the additional capacity required to ensure the hospital can safely meet the needs of an expected increase in the number of patients over the coming 4-6 months.

MP reported that there are currently 22 inpatients with Covid which has demonstrated an increase from the last few days. The Autumn vaccination programme is due to commence soon for flu and Covid.

MP was pleased to report the opening of the Renal Shared Care Haemodialysis facility which was supported by a generous donation from Sovereign Health Care.

MP advised that the report has now been received following the inspection of urgent care services across the Integrated Care System by the Care Quality Commission (CQC). The Integrated Care Board (ICB) will implement the recommendations from the report and the subsequent action plan.

- People: MP acknowledged the sad passing of her Majesty, Queen Elizabeth II, which brought an understandably sombre tone to the organisation over the last two weeks. Opportunities were provided to colleagues across the Trust to pay their respects by registering their condolences as well as participating in national moments of reflection. The news saw the Trust adopt the NHS protocols in relation to communications as well as swift preparations for the bank holiday which was a huge undertaking and MP wished to acknowledge SA and his team who were involved with contacting patients to advise them of changes to scheduled appointments and procedures.

MP reported that the new Clinical Service Unit (CSU) structure had been implemented on 5 September as planned. This involved a lot of work from clinical leadership colleagues and executive colleagues. The newly formed CSUs that have replaced the Clinical Business Units provide more autonomy and authority to colleagues who work directly with patients.

The Trust's 'Razzle Dazzle' Ball is taking place on the evening of Friday 14 October and MP was pleased to confirm that 140 nominations had been received for the five staff award categories. MP was looking forward to the event where staff will have the opportunity to celebrate the hard work they undertake and wished to thank JL for her leadership of the steering group.

	<ul style="list-style-type: none"> • <u>Partners:</u> The second ICB Board Meeting has taken place this week and was hosted in Manningham, Bradford and was live streamed. Prior to this the ICB members met with a group of young people in an engagement session to help the Board better understand what matters to them. • <u>Place:</u> The Bradford District and Craven Health and Care Partnership Board Meeting scheduled to take place on 15 September was cancelled due to the period of national mourning and will now take place on the 29 September. Nancy O'Neill represented the NHS/Bradford District and Craven Partnership at the late Queen's funeral at Westminster Abbey. <p>MP attended the launch of the Reducing Inequalities Alliance at Bradford City Football Club the previous day. Kersten England is the Executive Sponsor with Dr Sohail Abbas as the Clinical Lead. The event was received positively and featured nationally renowned speakers.</p> <p>MM wished to commend JH in relation to the new Corporate Strategy which was discussed at the informal NED discussion forum on Tuesday of this week. MM also wished to thank Matthew Mathai, Consultant Paediatrician who joined the meeting to present the Healthier Together resource.</p> <p>MM thanked MP for the update.</p>	
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Section 4: Delivery of the Trust's Clinical Strategy

Section 4a: Strategy

Bo.9.22.8	<p>Digital Strategy Annual Report</p> <p>PR provided an overview of the paper and explained that the Digital Strategy Annual Report summarises the progress made over the last twelve months and provides a preview into some of the developments and initiatives the Trust is continuing to engage in or are planning to introduce in the year ahead. PR referred to the following key highlights from the report:</p> <ul style="list-style-type: none"> • The Cerner Maternity application went live earlier this year and this was implemented successfully. • As part of the 'Outstanding Theatres' improvement programme, the Theatres and Anaesthesia module of Cerner Millennium has been purchased and a programme has commenced to improve care in the Trust's operating theatres. This investment will see the vast majority of the Trust's major clinical services delivered within a single Electronic Patient Record (EPR). • PR invited the Board to note the continued successful delivery of major programmes of digitally enabled change at the Trust, in conjunction with partners at Place – Bradford District and Craven, West Yorkshire Association of Acute Trusts (WYAAT) and the emerging Integrated Care Partnership as well as the West Yorkshire ICB. 	
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	<p>AS was pleased to note the tremendous amount of work undertaken by PR and his team in relation to the digital aspect. AS reflected that as the digital landscape becomes more and more complex there is always a risk of competition for patient data and the risk of barriers to access our data being introduced by partners for commercial reasons. AS asked how the Board can be reasonably assured that there is sufficient process and scrutiny in place when selecting partners and collaborators with regards to access to and use of data, licensing, legal standardisation and in turn capabilities to be able to use that data freely in the future. PR explained that there are contractual agreements in place which stipulate the expectations and standards in relation to data. PR provided assurance that a vigilant approach is taken to ensure that we are able to access the data as required whilst ensuring that use of the data is appropriate. AS asked if there was anything that the Board can do to support this scrutiny and PR advised that he is consistently supported by Board colleagues and conversations take place with Executive colleagues in the first instance as required.</p> <p>The Board noted the report.</p>	
Bo.9.22.9	<p>Nursing and Midwifery Strategy</p> <p>KD provided an overview of the content within the presentation including the background, strategy development, leadership, education and development, patient experience, staff experience, partnership working, quality and safety of care and the implementation of the strategy.</p> <p>KW wished to commend the team on developing the strategy which she felt was easy to understand and very accessible. KW felt that civility in the workplace plays a big role within the Trust in relation to looking after our people and asked whether or not it was worth referencing that within the strategy as that may help towards recruitment in terms of attracting people to apply to work in Bradford as opposed to elsewhere.</p> <p>JHi referred to inclusivity and diversity and felt assured from the presentation that this has been embedded within the strategy. Given the current challenge in relation to workforce JHi was also pleased to see the sections in relation to enabling nurses and midwives to feel safe in delivering care as this will contribute to retention of staff. JHi felt that the ethos that is demonstrated within the strategy indicates that the Trust is a good place to work. JHi confirmed that she was very supportive of the strategy.</p> <p>KD wished to use the opportunity to acknowledge the work of nursing and midwifery staff as they play a key role in delivering patient care.</p> <p>The Board noted the report and supported its implementation.</p>	
Bo.9.22.10	<p>Research Strategy</p> <p>RS provided an overview of the paper and made the following key points:</p>	

	<ul style="list-style-type: none"> The new five year strategy for the Trust (2022-2027) 'A research strategy for health and wellbeing – delivering research excellence together' replaces the old research strategy. The strategy aligns well with the Trust Strategy. The key to the Trust's research success is due to having excellent research teams and enthusiastic research participants as well as excellent infrastructure both in terms of facilities and support departments. Excellent partnerships and collaborations are also key components to research success and the Trust will continue to build on these as detailed within the strategy. Research representation will be included within the CSU meetings to help ensure research is considered within decision making. <p>City of Research There has been good engagement with partners from within the Place. The strategy sets out the Trust research ambitions to ensure we continue to be a leader in the delivery and translation of high quality, relevant health research and improve the health and wellbeing of our local population, nationally and beyond.</p> <p>RS invited the Board to approve the strategy which will be implemented through various work packages that will be monitored by the Trust Research Committee reporting to the Quality & Patient Safety Academy.</p> <p>MP queried the City of Research aspect and the governance in relation to this. RS explained that this is in relation to encouraging partners to sign up to the principles and will link with the Integrated Partnership Board to work together for the benefit of the population.</p> <p>JHi was pleased to note the outreach and collaboration work which not only looks at local health challenges but also those faced globally which was very important. JHi queried whether the Quality and Patient Safety Academy was the right Academy for Research to report into. JHi recognised that over time it may be a good fit but currently a lot of the discussion is in relation to partnership working, the ICB and Place. JHi welcomed some clarity about the best place to receive assurance. MM felt this was a good challenge but from his experience he had always seen Research sitting under the umbrella of quality.</p> <p>RS thanked Board colleagues for their comments and thoughts articulated today which he would share with John Wright, Director of Research.</p> <p>The Board approved the strategy.</p>	
Section 4a: Finance and Performance		
Bo.9.22.11	<p>Report from the Chair of the Finance and Performance Academy – July 2022</p> <p>JL gave an overview of the report from the Finance and Performance Academies in July 2022 highlighting the following:</p> <ul style="list-style-type: none"> The Bradford Quality Insight Review Data Pack was shared with all Academies for information. The report had been received from the 	

	<p>CQC as a collection of their evidence. It was agreed that the Chief Nurse would be invited to a future meeting to provide a comprehensive interpretation of the report.</p> <ul style="list-style-type: none"> • The Academy held a detailed discussion in relation to the Finance Improvement Plan. The Trust had in place an overall improvement target for clinical business units (CBU) and corporate departments of c. £8.5m. The expectation was that by 30 June 2022 that 50% of that be identified. It was reported that the Trust had identified plans totalling £4.7m. £4.1m of that was non-recurrent which could have implications for the Trust moving into the 2023/24 financial year. • The Academy received a presentation in relation to the Performance Improvement Plan for Cancer and was reminded of the Trust's endeavour 'to be in the top quartile nationally across each key performance indicator by April 2023'. • The Academy held a detailed discussion in relation to operational performance and it was clear that the increase in Covid numbers was impacting on performance. This was seen within the data for July where the increase has impacted on performance metrics. The Academy will be looking at this further at future meetings. • An update was provided in relation to the Capital Plan and £6.7m of the capital budget has now been allocated to five schemes during 2022/23. • The Academy received an update in relation to prioritising patients with learning disabilities and was advised that the patient tracking list (PTL) had been updated to include information pertaining to the patient's demographic, such as ethnicity and disabilities, alongside the procedure and priority status. A detailed analysis would be provided to a future Academy meeting on progress against the workstreams and transformational activity undertaken relating to the prioritisation of patients with learning disabilities. • The Academy received an update on the Bradford Place and ICS System Financial position. The local authority is in a financially challenging position which is important for us to understand as the decisions made by the local authority will have an impact on the health economy. JL's position as System Chair for Finance & Performance will help understand this better. • The Academy undertook an effectiveness review as part of an assurance process to see how the Academy could work better. It was acknowledged that the assurance role within the Academy is important and this needs to remain a core function. JL will be meeting with the Chairs of the other Academies to understand how improvements can be made across all Academies. <p>MQ advised the Board that the Trust reported a breakeven forecast position for Month 5 but the run rate is now a deficit position. This will be discussed further at the next Academy meeting.</p> <p>BS referred to the Finance Improvement Plan and emphasised that focus needs to be given on finding recurrent changes that save money without any detrimental impact on patient care. JL agreed with this and would support any actions to help achieve this with Board colleagues and in particular a discussion around the underlying financial position and what this means. It was agreed that this would be considered for an agenda item at a future Board Development Session.</p>	<p>Associate Director of Corporate Governance/ Board Secretary</p>
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	<p>SN referred to the new CQC requirement that came into play on 1 July this year in relation to interacting with patients with additional learning disabilities and requested assurance on whether systems and processes are in place to demonstrate how the Trust will comply with the new standard. SA agreed to look into this specific query and report back. With regards to prioritising patients that have learning disabilities SA advised that an important piece of work has been undertaken which has subsequently resulted in changes made on the Electronic Patient Record system (EPR). This change allows learning disabilities data to be added to the system in order to have full oversight for reporting.</p> <p>The report was noted by the Board.</p>	<p>Chief Operating Officer</p>
Bo.9.22.12	<p>Emergency Preparedness, Resilience & Response (EPRR) and NHSE Core Standards</p> <p>SA provided an overview of the report and reminded the Board of the acts, regulations and framework that underpin EPRR as referenced within the report. NHS England (NHSE) set out their expectations for EPRR through the annual Core Standards. SA reported that during 2021 compliance against 48 of the 64 Core Standards were reviewed; this was in recognition of the ongoing pressures from the Covid pandemic. In 2021 the Trust reported Substantial Compliance. In 2022, NHSE has reverted back to asking Acute Trusts to provide a submission of compliance against all 64 Core Standards.</p> <p>SA reminded the Board that as highlighted last year a review of the core standards has taken place resulting in new and reworded questions along with the request for more evidence for existing standards. An example of this is the removal of the reference to a Non-Executive Director (NED) member being responsible for EPRR with all NEDs now assuring themselves that EPRR requirements are being met. This reflects that EPRR is the responsibility of all Board members.</p> <p>SA reported that following a self-assessment, the Trust will be reporting a 'Substantially Compliant' position by the deadline of 28 October 2022, with a minimum of 57 out of the 64 standards being identified as fully compliant as detailed within Appendix 1 of the report. The "Substantially Compliant" position is what can be expected due to the new and updated standards that have now been introduced.</p> <p>SA advised that there are currently 7 standards that are listed as partially compliant and it is envisaged that 2 of these standards will become substantially compliant before the submission date. In addition to the self-assessment, the Trust is also required to submit an action plan detailing how it will achieve full compliance on the remaining partially compliant core standards and details of this can be found in Appendix 2 of the report.</p> <p>The Board noted the report and delegated authority for final sign off for the submission to the Finance and Performance (F&P) Academy on 26 October.</p>	

Section 4b: Quality and Patient Safety		
Bo.9.22.13	<p>Report from the Chair of the Quality & Patient Safety Academy – July 2022</p> <p>JHi provided an overview of the report from the Quality and Patient Safety Academy in July 2022 and made the following key points:</p> <ul style="list-style-type: none"> • The Academy welcomed Gill Paxton, Associate Director of Quality & Nursing, Bradford District & Craven Health and Care Partnership, who is now a standing invitee to Academy meetings. This is in line with the Trust's new partnership arrangements which commenced on 1 July 2022. • The Academy received a broad and comprehensive overview of the Quarterly Oversight and Assurance Exception Profile position and key areas of focus included Safety Events and Serious Incidents (SIs). There were currently 19 ongoing SIs – six of which are subject to independent investigation by the Healthcare Safety Investigation Branch. There was a good and thorough discussion on staff learning from incidents and how the Quality Improvement team is working to ensure this is embedded and sustained. • The Academy had a detailed discussion in relation to Risk 3792 (Cerner and the Maternity EPR). The Academy noted the mitigations in place to ensure appropriate discharge data are collected. However, there are a number of issues that have become manifest since the recent implementation of the Cerner EPR. A 'digital quality summit' has been established to maintain oversight, put in place mitigations and ensure that the service remains safe whilst the issues are addressed. This risk will therefore be absorbed into a broader 'digital maternity risk' to encompass all issues being addressed. • The Academy received the first quarterly Mortality Review Improvement Programme/ Learning from Deaths Quarterly Update. This provided good assurance to the Academy on how it supports learning from deaths to better provide good, safe and dignified care to our patients at end of life. • JHi reported that an open and honest discussion was held in relation to how the Academy works. Currently it is a three hour meeting with a very full agenda and following the May away day with Academy members and some subsequent meetings a new structure will be proposed at the next Academy meeting. The new structure would enable the Academy to have certain meetings focussing particularly on assurance and triangulation and asking high level questions others focussing on learning and improvement as well as receiving regular feedback from CSUs. Further details about this will be reported at a future meeting. <p>The report was noted by the Board.</p>	
Bo.9.22.14	<p>CQC inspection report relating to urgent and emergency care services in West Yorkshire</p> <p>KD provided an overview of the paper. She explained that this was an unannounced focused inspection of the Urgent and Emergency Care Department at Bradford Royal Infirmary carried out on 20 April 2022 as part of the Integrated Care System review for West Yorkshire. The</p>	

	<p>inspection was not rated by the CQC as this was part of a wider system review. However, individual organisations also received localised comprehensive reports. The report for BTHFT was favourable and highlighted the ongoing work. It did however identify the following areas for improvement. BTHFT should ensure:</p> <ul style="list-style-type: none"> • There is a dedicated, fully risk-assessed room available for patients presenting to the department experiencing mental health crisis. • There is a sustained improvement in the oversight and treatment of sepsis. • There is a sustained improvement in the quality of patient records to ensure that they are fully documented and up-to-date with all observations. • The Trust continues to work with system partners to improve patient flow. <p>The Accident and Emergency Department team have been reviewing these areas since the initial verbal feedback received on the day of the visit. There is an action plan in place to address the areas for improvement as detailed within the report.</p> <p>SN commented that the report demonstrates an overall positive position and asked if any actions have been taken in relation to the oversight of sepsis and the timely access to antibiotics. KD explained that a Quality Improvement workstream that reports into the Patient Safety Committee and the Quality & Patient Safety Academy will address this and report quarterly. RS emphasised that specific audits have demonstrated that patients who have Sepsis do receive very timely treatment but the recording of this on EPR needs to be improved.</p> <p>SN asked what will be put in place until the dedicated space is operational for patients presenting with a mental health crisis. KD explained that if there is a patient who has a high risk of harming themselves or others, a dedicated member of staff will be assigned to accompany them. MHol added that the Trust has secured £75k of mental health funding and work is being undertaken with partners to create bespoke cubicles for patients presenting with mental health issues.</p> <p>The Board noted the report.</p>	
Bo.9.22.15	<p>Maternity Services Update</p> <p>SH joined the meeting and provided an overview of the headlines in relation to Maternity and Neonatal Services for July and August.</p> <p>SH asked the Board to note the contents of Appendix 4, Perinatal Mortality Review Tool (PMRT) quarterly report which is required to demonstrate compliance with Safety Action 1 of the Maternity Incentive Scheme, Year 4. The report provides a summary of the current position and demonstrates that the service is on target to achieve the required standard with the exception of one delay in reporting a death within 7 days. This was a complex case and the delay occurred due to the birth initially being reported as a livebirth not stillbirth and discussions with the coroner regarding potential police involvement. A response is awaited</p>	

	<p>from NHS Resolution as to whether they will accept the mitigating circumstances.</p> <p>SH referred to the NHS England (NHSE) Maternity Safety Support Programme and advised that the support team visited the Trust in August and were highly complimentary of the progress made including examples of exemplary practice. The team are of the opinion that the Trust can be exited from the programme following Board sign off of a sustainability plan. The Maternity Team are currently completing this for presentation at November Board. The Trust Board commitment to the sustainability plan will be to continue to nurture the strong relationship developed over the last two years and to support and champion the local and national maternity agendas.</p> <p>SH provided a detailed update on stillbirths and advised that six were reported in August which triggered the internal escalation process. All cases have had an immediate clinical review to identify any immediate lessons learned and resulting actions. All cases that meet the Healthcare Safety Investigation Branch (HSIB) criteria have been referred with parental consent. Those cases that do not meet the HSIB criteria but require further investigation have been discussed at the Safety Event Group (SEG) and referred to the Quality of Care Panel (QUOC) to determine the level of investigation. The women and their families have all had initial contact with the Specialist Bereavement Midwife team and continue to receive regular contact. SH reported that staff involved in or affected by the cases are supported by the Maternity Quality and Safety team and signposted to a member of the Professional Midwifery Advocate team or other support.</p> <p>SH provided some additional information in relation to the six cases and reported that five of the six cases were mothers in their first substantive pregnancy. SH advised that there were no language barriers in any of the cases.</p> <p>SH highlighted the top five risks as midwifery staffing, breast feeding initiation rates, obstetric staffing, lack of lone worker devices and Cerner (multiple issues). SH provided an overview of the steps being taken to mitigate each of these risks as detailed within the presentation.</p> <p>SH asked the Board of Directors to note the Ockenden presentation which provides an overview and findings following the regional and system insight visit in June by NHS England (NHSE). KD said it was important to note that the Board is fully supportive of the ongoing investments within the Trust's maternity services. The Board supported this fully and recognised the importance of ensuring this continues to happen and welcomed the regular updates to help them keep abreast of progress.</p> <p>JHi was pleased to hear that 24 newly qualified midwives will commence in their posts in the Autumn as staffing is a challenge nationally as well as locally. However there will still remain a pressure within the service for various reasons including the number of midwives on maternity leave, sickness absence as well as vacancies which all contribute to daily staffing challenges. JHi asked KD for her view on whether an enhanced preceptorship programme should be offered for all healthcare students</p>	
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	<p>particularly as they have faced a disruptive couple of years due to the pandemic. KD felt this was a very good point and explained that the Trust has been mindful of this over the last 12 months and had discussed this with colleagues at the University of Bradford. There was agreement to extend the preceptorship programme if that was required. RS added that a 12 month programme is also offered by the Trust's Education department which covers transition, coping strategies, resilience, wellbeing, service improvement, managing risk, leadership and management. The disruption due to the pandemic has affected all healthcare sectors including Doctors, Nurses, Midwives and Allied Health Care Professionals and the programme can be extended to staff as required.</p> <p>The update was noted by the Board.</p>	
Bo.9.22.16	<p>Covid-19 Vaccination Programme</p> <p>KD provided a verbal update and reported that the Autumn booster programme had now commenced with 15,000 vaccinations administered within the first few weeks. The vaccination programme will be delivered by GPs, Pharmacies, Airedale NHS Foundation Trust and BTHFT's St Lukes Hospital site. Staff vaccinations will commence the following week for flu and Covid. Communications will start the following week and there is a particular emphasis towards encouraging women who are pregnant to have the vaccines.</p> <p>The Board noted the update.</p>	
Section 4c: People		
Bo.9.22.17	<p>Report from the Chair of the People Academy – July 2022</p> <p>KW provided an overview of the report from the People Academy in July 2022 highlighting the following:</p> <ul style="list-style-type: none"> • The Academy received the Health and Safety Committee Terms of Reference for approval which were approved subject to the minor amendments that were discussed and agreed. • The Academy received an update on the Workforce Race Equality Standards Innovation Fund. In 2019, the NHSE National Disability Office developed a fund, aimed at supporting NHS Trusts to develop innovative programmes to improve the lives of colleagues with disabilities, and to raise the profile of disability. The Trust was successful in receiving £15k in funding and produced a moving video of six BTHFT colleagues living with a disability or who associated with a disability. In the video the six colleagues discussed their personal experiences, and how the Trust had supported them in their roles at the Trust. It was agreed that the link to the video would be shared with Board members. • The Academy received an update on the "Impact on Improvement Programme on Staff retention: People Promise Exemplar". The Trust had been selected as one of twenty-three exemplar sites within the country and therefore meant that the work being undertaken in relation to the People Promise would impact whether it became a 	<p>Associate Director of Corporate Governance/ Board Secretary</p>

	<p>national initiative or not. A number of opportunities and initiatives will be implemented as detailed within the report.</p> <ul style="list-style-type: none"> • The Academy received and discussed the dashboard which showed there had been a small increase seen month-on-month against the non-medical appraisal rate. This remained a priority for the Trust. There had been a slight increase seen in staff turnover for June 2022 to 13.2%, from 13.08% in May 2022. This would continue to be closely monitored. The rolling 12-month sickness absence rate at the end of June 2022 was 7.2% with increases seen in all areas of the Trust. • The Academy reviewed the high level risks relevant to the Academy and took assurance that mitigation was in place. • A quarterly update was provided to the Academy in relation to Freedom to Speak Up (FTSU) and during Quarter-1 2022/23, sixteen concerns had been raised, three of which were via the anonymous route. The common reasons related to civility; however, it was noted that no person reported that they had suffered detriment for speaking up during the quarter. • The Academy was advised that the pay award had been announced for 2022, which would see remuneration increased by £1,400 per year for all staff on an Agenda for Change contract. Doctors would receive a 4.5% increase. It was noted that there was widespread dissatisfaction and various trade unions and professional bodies were considering next steps and balloting for industrial action. <p>The report was noted by the Board.</p>	
Bo.9.22.18	<p>Looking After Our People</p> <p>FL provided a verbal update and made the following key points:</p> <ul style="list-style-type: none"> • As alluded to earlier by KD the Covid and Flu vaccination programmes are due to be launched the following week. • The Staff Survey is also due to be launched the following which provides annual data in relation to how the Trust benchmarks against peer organisations nationally. • In terms of Thrive, the key focus currently is in relation to the financial well-being of staff due to the cost of living crisis. The Trust is aiming to ensure that staff have all the tools and information to help them through the current cost of living crisis being faced by many and this includes webinars which provide practical information and tools for staff to utilise. <p>The Board noted the update.</p>	
Bo.9.22.19	<p>Strategic Equality & Diversity Council Update</p> <p>MP advised there has been no further meeting since the previous update to the Board. The next meeting is taking place 14 October 2022.</p>	
Bo.9.22.20	<p>Health Education England (HEE) Self-Assessment Return</p> <p>RS provided an overview of the paper and advised that HEE</p>	

	<p>implemented an updated Education Quality Strategy in 2021, which includes an annual self- assessment process, by which organisations carry out their own quality evaluation against a set of standards. The Trust is required to submit a self-assessment report for all of the education provision for health care professions against six domains as detailed within the paper.</p> <p>RS reported that the Trust was able to provide a positive self- assessment report and from a strategic perspective was able to provide the top three successes in relation to education provision as detailed within the report.</p> <p>The self-assessment also reported the top three challenges faced as detailed within the report. These include the impact of the Covid pandemic on learners, the increase in the number of learners suffering from depression, anxiety, stress, burnout or other mental health conditions relating to, or made worse by the pandemic and workforce pressures affecting the ability for staff and learners to access training and development opportunities, as clinical pressures are prioritised to maintain patient safety.</p> <p>MP referred to the appointment of the Chief Registrar at the Trust which is a very positive step and suggested this is included within the report as this is a success for the Trust. RS agreed this was something which should be included and would check and ensure it is added if it does not feature already.</p> <p>The Board noted the report.</p>	
Section 4d: Partnerships		
Bo.9.22.21	<p>Partnerships Dashboard</p> <p>JH advised that the Partnership Dashboard provides a single view of the partnership indicators aligned to the Trust's Strategic Objective. The Board is asked to review and challenge the elements of the Dashboard presented.</p> <p>Partnership activity continues to progress as demonstrated by some of the updates and reports providing to the Board of Directors today. Work continues in the Place and the partnership across West Yorkshire as we continue to get more familiar with the Integrated Care Board (ICB) and its absorption of the dissolved Clinical Care Group (CCG) responsibilities.</p> <p>JH provided an update following a recent timeout session for the leadership of WYAAT organisations. Topics covered at the session included the shared approaches to clinical challenges and operational delivery.</p> <p>JL asked how the staff who were part of the CCG felt to be part of the partnership as their roles have changed from within a commissioning organisation to taking a partnership approach. MP felt this is going well as emphasis is being given to utilising their commissioning skills to help towards planning. They are undertaking tasks which add value based on</p>	

	<p>their skills and helping them feel valued.</p> <p>The Board noted the update.</p>	
Section 4e: Audit & Assurance		
Bo.9.22.22	<p>Report from the Chair of the Audit Committee – July 2022</p> <p>BS presented the Audit Committee Terms of Reference and explained the Audit Committee's role in relation to risk management has been updated within the new Risk Management Strategy. The Audit Committee is responsible for reviewing, challenging and assessing the adequacy and effectiveness of the Trust's risk management systems and processes, including the Risk Management Strategy, and providing assurance to the Board in that respect.</p> <p>It is proposed that the Audit Committee's Terms of Reference are updated to reflect its role in line with the new Strategy as detailed within the amended version attached at Appendix 1 of the papers.</p> <p>The Board approved the proposed amendment to the Audit Committee Terms of Reference, to align with the new Risk Management Strategy.</p>	
Bo.9.22.23	<p>Board Assurance Framework & High Level Operational Risks</p> <p>JH introduced the item and asked the Board to note that at its meeting on 22 August 2022, the Executive Team Meeting (ETM) considered a summary of all high level risks, aligned to their respective Academies and a movement log showing additions, closures and changes in score, and those risks which had passed their review date. As there were no Academy meetings at the end of August, the last review by the Academies took place on 27 July 2022.</p> <p>Following review of the High Level Risk Register at ETM one risk had reduced in score since the last report and three risks were past their review date and have been addressed.</p> <p>JH flagged that there were risks that had been discussed at the Quality & Patient Safety Academy that were on the register but had passed their target date for mitigation. These risks had also increased in score therefore the challenge was to determine what level of assurance and confidence could be given that these risks were being effectively managed. BS added that at times there may be risks that will accelerate rather than decline but it was important to be assured that all that could be done is being done and there are effective mitigations in place. JH welcomed RS and KD to provide some background and assurance in relation to one of these risks.</p> <p>RS explained that the risk in relation to the Child Development Centre (CDC) has been on the risk register for just over three years. The risk score is slightly higher than when it was first added to the risk register which accurately reflects the risk position due to the challenge in terms of demand and capacity. The demand increased further due to the pandemic and the numbers of children that require input and support from the CDC has increased significantly. Unfortunately the resource</p>	

	<p>required to deliver the service has never been able to keep pace with the increasing demand in Bradford. RS updated that three appointments were made recently following successful interviews for new Consultant posts for the service but unfortunately two candidates have given back word and taken up posts elsewhere. However one candidate will be joining the Trust soon. If all three appointments had confirmed then the risk position would have been much lower which demonstrates that the risk score is a snapshot in time and varies depending on what has recently happened. RS assured Board colleagues that although the risk has been on the register for a long time and has increased in score it is being managed and mitigated as best as possible. The difficulty is appointing staff to meet the ever increasing patient caseload in a very difficult market. RS felt that rather than adding further narrative to the risk and extending the review date it would probably benefit from a refresh and rearticulating the risk as it stands today. RS felt this might be a good approach to use for other long standing risks too.</p> <p>KD added that due to the complexity of some risks there is no right or wrong answer and some risks will need to remain on the register for some time. To provide some reassurance KD provided an update in relation to the Children's Board at the Trust for which she is the Executive lead as it links well with maternity and the neonatal unit. Issues such as this risk are discussed in detail and an oversight has been maintained to ensure the risk is being adequately monitored. One of the things that KD is looking at is modernising the CDC as it is still working from a model that was implemented decades ago. Consideration is being given to how to do things differently, for example, utilising the advanced practice clinicians as well as ways to encourage people to join the Trust as Acute Paediatricians with interest in the safeguarding elements. Unfortunately Bradford has received some negative publicity recently in relation to children's safeguarding issues which makes recruitment harder. However there is a lot that can be done to change that perception and attract candidates but that will take time.</p> <p>MP added that location and environment for people to work in also has an impact and although this is not the only factor it is an important one to address. This was something to review and identify some alternatives offering a more bespoke environment in a location that is more suitable for such a service. This is something certainly worth exploring as part of the redefining the model and its interaction with other parts of the system through the partnership.</p> <p>Following a detailed discussion in relation to risks and particularly those that have been on the register for a long period of time, it was agreed that further consideration would be given to ensuring the identification of risks that have been on the risk register for a prolonged period and whether the risk needs to receive a deep dive or to be rearticulated.</p> <p>The Board confirmed it is 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.</p>	
Section 5: Governance		

<p>Bo.9.22.24</p>	<p>Premises Assurance Model (PAM) progress report</p> <p>MHol provided an overview of the report and explained that the PAM is an NHS mandated assurance model for assurance of the safe management of healthcare environment and to ensure patients, staff and visitors are protected against risks associated with hazards such as unsafe premises. The PAM tool provides assurance to the Trust Board, patients, commissioners and regulators regarding the safety and suitability regarding management of the estate and facilities services. It is a nationally consistent approach to evaluating NHS estates and facilities performance against a common set of self-assessment questions and metrics. The PAM supports the Trust to make informed decisions on the development of estates and facilities services.</p> <p>MHol explained that the purpose of the report is to provide an update regarding re-assessment and the high level of assurance achieved within each of the five domains using the newly released updated PAM electronic platform and also highlights areas of outstanding practice and improvement opportunities for each domain as a result of completing the PAM model.</p> <p>MHol reported that following a self-assessment the Trust is successfully able to demonstrate high levels of compliance and insurance across all of the areas and whilst we have an old estate, it is important to note that the Trust is in the 17th lowest percentage of older state across all NHS Trusts in England. The PAM model demonstrates that we are safely managing the compliance and assurance at a high standard of safety across the Trust and the premises that we operate in.</p> <p>MP wished to clarify who carries out the self-assessment to ensure objectivity as MHol and the Senior Estates and Facilities Leadership Team and technical working groups are responsible for the overall assessment and sign-off. MP also queried about the process in relation to patient and user experience and how patients and end users are involved.</p> <p>MHol explained that there is a governance structure which incorporates specialist working groups for all areas of compliance both statutory and non-statutory. MHol confirmed that the governance protocol and guidelines of the premises assurance model is adhered to during the process of self-assessment. With regards to the question about user involvement MHol explained that was not something that has been undertaken for this assessment as it was not a requirement but MHol certainly supports this suggestion and will consider areas where this can be implemented going forwards. SN supported this suggestion and felt it was a good opportunity to create independence and have some peer involvement and patient view in the self-assessment.</p> <p>The Board noted the continued progress of the PAM for 2022 and acknowledged that PAM data has been approved by MHol as the Executive Lead and that this data had been submitted onto the new online NHS England platform by the 9 September 2022 deadline.</p>	
<p>Bo.9.22.25</p>	<p>Annual Security Report</p>	

	<p>MHol explained that the report is presented to the Board for noting and provides assurance in relation to the management of security within the Trust during 2021/2022. MHol made the following key points:</p> <ul style="list-style-type: none"> • During 2021/2022 a significant amount of security work and resource has been dedicated to reacting to the Covid pandemic and responding with appropriate security measures including partial lockdown and the requirement for Security Officers to 'police' nominated entrances at BRI, SLH and the Women's and Children's Unit to support hospital safety and manage visitor access and egress. • MHol conveyed that 119 crimes were reported to the police between February 2021 and February 2022, where 57% of those reports were filed 'complainant declines to prosecute', as a result only 15% of crimes resulted in a positive outcome, i.e. the suspect being charged, given a caution or community resolution. This is despite the suspect's identity being known in almost all cases. • The seven-year comparison in terms of reported physical assaults shows a year on year reduction of 13% against the previous year figures and 11% against the year prior to that. The key theme that is evident is that despite the reporting numbers improving, there is a lack of response in terms of escalating to the police. • MHol explained that the intelligence and metrics from the reports identify that there are a range of areas to be focussed on and the Security Management Team, AED Leadership Team and West Yorkshire Police have agreed a partnership approach to tackle the ongoing trend and to support the Trust's zero tolerance ethos to violence and aggression. A partnership meeting to agree the work plan is scheduled to take place but in the interim the Security Management Team are working with the AED Leadership Team to ensure that 'warning' letters are issued to patients attending and being verbally abusive to staff in an attempt to reduce verbal abuse, threatening behaviour and physical assault. • In relation to car crime and theft the Trust car parks have seen a slight increase in the level of reported car crime to the previous year, specifically theft of satellite navigation systems, catalytic converters, number plates and theft/loss/damage of personal property within the car parks. Again, the Trust is working with West Yorkshire Police on this and a lot of work has been undertaken over the last eight months to tackle this. • Progress continues on the planned upgrades in relation to access control, intruder alarms and CCTV surveillance systems which benefits the organisation by providing the security team with the most up to date tools to carry out their duties. <p>MM was pleased to hear about the investment in CCTV and asked if there were any particularly vulnerable locations or times for the vehicle crime pattern. MHol explained that following a recent analysis there wasn't anything in particular identified in relation to this.</p> <p>JHi referred to particular areas receiving a higher level of abuse at specific times of the year such as over Christmas and asked whether anything additional could be put in place to protect staff, patients and visitors and help them feel safe. MHol explained that there are pressure points areas such as AED and the Maternity area and both these areas</p>	
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	<p>are receiving extra support in terms of security</p> <p>The Board noted the report.</p>	
Bo.9.22.26	<p>Annual Data Protection Officer Information Governance Report</p> <p>Graham Holmes, Information Governance Manager (GH) provided an overview of the report and explained that the purpose of the report is to update the Board of Directors on the Information Governance (IG) programme, confirming the results of the Data Security and Protection Toolkit assessment for 2021/22 and internal audit outcome. The report also provides an overview of the arrangements in place to manage information risks and compliance in the year ahead and to provide a progress summary of the activities undertaken by the Information Governance service in-year. The report includes the opinion of the Data Protection Officer (DPO).</p> <p>GH was pleased to report that IG training compliance at year end stood at 91% which was a great achievement particularly in light of the challenges due to the pandemic and the operational pressures on staff.</p> <p>GH reported that during 2021/22 142 IG incidents were reported by staff which was a decrease of approximately 28% to the previous year. Of these there were no externally reportable incidents to the Information Commissioners Office in 2021/22.</p> <p>The Board noted the report.</p>	
Bo.9.22.27	<p>Membership Plan Update</p> <p>JH presented the report and explained that in November 2021 the Board of Directors approved the Membership Plan 2022 for the Foundation Trust. The plan set out a series of objectives for the Trust, to continue to maintain, grow and engage with its membership, including the actions that it will take to meet these objectives. The three core themes forming the basis of the plan are engagement/involvement, communication and recruitment. JH explained that the objectives set within the plan and the subsequent actions are centered on these themes. JH reported that the ambitions set for 2022 are focussed on increasing the number of members with email addresses, recruiting more new members from the Keighley public membership constituency and recruiting more new members aged between 16 and 22.</p> <p>There is a lot of work being done to achieve these ambitions such as work being undertaken with our Education and Training department as well as HR to establish different ways to reach out to young people. There is a lot of work in progress and this will be reported on regularly.</p> <p>MH commended the three objectives outlined and was pleased to see that these are being progressed.</p> <p>MP said that it was important to bear in mind that the whole concept of Foundation Trusts and the involvement and public representation in the shape of a Council of Governors existed before Integrated Care Systems</p>	

	<p>came in to play. MP explained that there are many other ways in which the partnerships seek to harness the views, opinions and insights of the people that we collectively serve and there are other avenues in which we should be connecting with the public which are not exclusively through the Trust's Council of Governors route.</p> <p>The Board noted the report.</p>	
Bo.9.22.28	<p>Use of the Trust Seal</p> <p>LP gave an overview of the report and advised that it is presented in accordance with the Trust's Board of Directors Standing Orders.</p> <p>The last report was presented to the Board of Directors on 23 September 2021. Appendix A of the report details the use of the Trust seal between 14 September 2021 and 13 September 2022. This includes entry numbers 358-361.</p> <p>The Board noted the report.</p>	
Section 6: Board Meeting Outcomes		
Bo.9.22.29	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.9.22.30	<p>Issues to Refer to Board Committees/Academies or Elsewhere</p> <p>There were no issues to refer to the Board Academies or elsewhere.</p>	
Bo.9.22.31	<p>Date and Time of Next Meeting</p> <p>10 November 2022 at 09:30</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 22 September 2022

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo21015	Bo.5.21.10	Patient Recruitment Centre: Discussion around a possible visit to the PRC to be held at the October Board Development Session.	Associate Director of Corporate Governance/Board Secretary	November 2022	To be considered as part of the board development plan for 2022, when site visits are able to take place. 12/05/22: Still to be arranged later in the year. To remain open. 03/11/22: Still to be arranged. <u>To remain open.</u>
Bo22006	Bo.3.22.19	Partnerships Board: PR said as the Place based relationships and ICS relationships mature a number of Executives will be taking on extra responsibilities and PR suggested it may be useful to update the Board in relation to this particularly as this will impact on capacity. JH referred to the mapping exercise that was done previously and agreed to review and update this.	Director of Strategy & Integration	November 2022	Complete. see Appendix 1. <u>Action closed</u>
Bo22016	Bo.9.22.3	Meet the CSU – SPaRC Team: The link to the app to be shared with the Board of Directors but will not be circulated further for now.	Associate Director of Corporate Governance/Board Secretary	November 2022	Complete. <u>Action closed</u>
Bo22017	Bo.9.22.5	Matters Arising – Waiting List Analysis: SA confirmed that activities are underway on a daily basis to address the health inequalities agenda. MM asked if SA could share some examples of key interventions that are being taken in relation to this with Board members.	Chief Operating Officer	November 2022	Complete. see Appendix 2 <u>Action closed</u>
Bo22018	Bo.9.22.11	Report from the Chair of the Finance and Performance Academy – July 2022: BS referred to the Finance Improvement Plan and emphasised that focus needs to be given on finding recurrent changes	Associate Director of Corporate Governance/Board Secretary	November 2022	Date to be agreed – <u>action to remain open</u>

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		that save money without any detrimental impact on patient care. JL agreed with this and would support any actions to help achieve this with Board colleagues and in particular a discussion around the underlying financial position and what this means. It was agreed that this would be considered for an agenda item at a future Board Development Session.			
Bo22019	Bo.9.22.11	Report from the Chair of the Finance and Performance Academy – July 2022: SN referred to the new CQC requirement that came into play on 1 July this year in relation to interacting with patients with additional learning disabilities and requested assurance on whether systems and processes are in place to demonstrate how the Trust will comply with the new standard. SA agreed to look into this specific query and report back.	Chief Operating Officer	November 2022	Having sought information from Sarah Turner Assistant Chief Nurse Vulnerable Adults and Caroline Carass Learning Disabilities Lead Nurse I am able to update as follows - In July 2022 the Health and Care Act introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. The Oliver McGowan training has been devised to support the health and social care workforce to better support people with a learning disability and autistic people. HEE is working with partners and the ICB to arrange trainer's training and it is envisaged that they will be in place from 2023. In the interim some local training has been devised between BTHFT, BDCFT, CHFT and Leeds. This is currently available on ESR, however not mandatory. KD will bring additional information to Board – on agenda November 2022– <u>action closed</u>
Bo22020	Bo.9.22.17	Report from the Chair of the People Academy – July 2022: Share the link of video produced of six BTHFT colleagues living with a disability or who associated with a disability.	Associate Director of Corporate Governance/ Board Secretary	November 2022	Complete. <u>Action closed</u>

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo22014	Bo.7.22.14	Waiting List Analysis: SA to have a discussion with RS/PR to agree how often to undertake this analysis and in turn, how frequently Board should be updated.	Chief Operating Officer	March 2023	The Board will be updated every six months, with the next update to be provided in March 2023.
Bo22021					