

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 10th November 2022, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 22nd September 2022 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

Date:	Thursday 10 November 2022	Time:	10:00-17:15
Venue:	Conference Room, Field House, BRI	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Professor Janet Hirst (JHi) - Mr Mohammed Hussain (MHu) - Ms Julie Lawreniuk (JL) until 13:30 - Ms Sughra Nazir (SN) - Mr Jon Prashar (JP) - 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"> - Ms Pat Campbell, Director of Human Resources (PC) - Mr Mark Holloway, Director of Estates and Facilities (MHol) - Ms Laura Parsons, Associate Director of Corporate Governance and Board Secretary (LP) - Mr Chris Smith, Deputy Director of Finance (CSm) on behalf of Mr Matthew Horner - Mr Kez Hayat, Head of Equality, Diversity & Inclusion (KH) for agenda item Bo.11.22.10 – Equality, Diversity & Inclusion Update - Ms Sara Hollins, Director of Midwifery (SH) for agenda items Bo.11.22.19/20 – Maternity & Neonatal Services update and Bo.11.22.21 – Reading the Signals - Independent Investigation into East Kent Maternity and Neonatal Services - Ms Joanna Stedman, Deputy Director of Nursing (JS), for agenda item Bo.11.22.3 – Patient Story - Ms Sarah Turner, Assistant Chief Nurse (ST), for agenda item Bo.11.22.23 – Quality & Safety of Mental Health, Learning Disability and Autism Inpatient Services - Ms Tabitha Lawreniuk, Personal Business Manager as secretariat until 13:30 		
Observing:	<ul style="list-style-type: none"> - Ms Joanne Hilton, Deputy Chief Nurse - Mr John Bolton, Governor - Ms Abimbola Olusoga, Clinical Pharmacist Team Leader - Mr Mo Musa, Communications 		

- Mr John Williamson, Member of the Public		
No.	Agenda Item	Action
Section 1: Opening Matters		
	Chair's Opening Remarks MM welcomed all attendees to the meeting and thanked colleagues for their attendance. MM noted the agenda items to be discussed.	
Bo.11.22.1	Apologies for Absence Apologies were received from: <ul style="list-style-type: none"> Mr Matthew Horner, Director of Finance (MH) Dr Paul Rice Chief Digital and Information Officer (PR) Mr Altaf Sadique, Non-Executive Director (AS) 	
Bo.11.22.2	Declarations of Interest No declarations of interest were noted.	
Bo.11.22.3	Patient Story KD introduced Ryan's video story in relation to his experience a year ago which Board members had viewed ahead of the meeting. Whilst this was a difficult story to read and watch, Ryan specifically asked for his feedback to be heard as a staff member particularly around the elements of treating staff differently in a negative manner, oversharing and expecting them to understand more than another patient would. It was recognised that as an organisation that is committed to learning it was important to ensure that stories such as this are heard so that improvements can be made in keys areas of concern. One of the positives to recognise from Ryan's experience was the valuable support he received from his manager. JS provided an update on the improvements put in place as a result of Ryan's story: <ul style="list-style-type: none"> Wards 20 and 21 are no longer used for acutely unwell patients. A different system is now in place for hospitality staff who offer food/drink on a daily basis to ensure nil by mouth is recognised. Daily conversations take place with the Matron and clinical psychological support is offered to patients. Pain assessment work has been undertaken in the Accident & Emergency Department (AED). Some back to basics work has been completed using real case stories to help identify improvements. The surgical teams are working with the nutritional teams about timings of feeds to ensure these are received in time. Patient group directives are in place on the Surgical Assessment Unit (SAU) to ensure painkillers can be received prior to seeing a doctor. Daily matron rounds have been implemented to ensure all staff are aware of patient needs on wards. Work is being undertaken to reiterate messages in relation to what happens during operations and how the anaesthesia pump works to ensure patients understand what is happening. The team remain in contact with Ryan to see if he would like to 	

	<p>discuss anything further and to identify any further support.</p> <p>KW wished to thank Ryan for sharing his story which provided the Trust with the opportunity to learn lessons and make improvements. KW recognised the need to ensure consistency for patients when being transferred around the hospital and this story has highlighted that.</p> <p>JL commented that it was good to have the opportunity to hear from Ryan and to listen to how the Trust has responded to learning from this case. The story demonstrates the impact of not always having the resources and staff to provide the services we want to provide as well as the importance of providing quality services.</p> <p>JP reflected on how this could have occurred given how proud the Trust is in relation to kindness and providing caring and quality services and asked whether this was a one off incident or a regular occurrence. JS believed this was a one off incident and believed that staff felt they were providing the care that was needed but the communication was not as accurate as they believed it to be. The staff member providing the care overshad and treated the patient as a staff member rather than a patient. A lot of work has been undertaken in relation to kindness and civility and improvements have been implemented over the last year.</p> <p>MP acknowledged that Ryan's experience was an extremely distressing one and it was important to hear the story as a Board. MP felt it was just as important for every member of staff to learn from this story including porters, clerical and support staff and not just clinical staff. Any member of staff could make a difference on the impact they have on a patient's experience. JS acknowledged this and agreed that learning would be shared across the teams.</p> <p>KD recognised that a consistent way of gathering patient feedback is needed rather than waiting for patients to share their experience through the Patient Advisory Liaison Services (PALS) or via the complaints route. KD reported that senior nurses are now present in the waiting room area within AED and Operational Support Workers are in place to ensure there is oversight in place as well as to identify deteriorating patients as it is recognised that there are pressures in AED.</p> <p>MHu highlighted that it had been a year since this was experienced by the patient and the Board has heard of the story now and asked if there was an alternative way of hearing these stories sooner. MHu also felt that evidence was needed to assure the Board of improvements. KD advised that Ryan's experience is not something that happens often but a number of improvements have since been implemented to learn lessons as well as make improvements. KD explained that the timeline of sharing the story has been guided by Ryan as he did not wish to raise this as a complaint but rather as feedback from him as a staff member.</p> <p>SN asked if safeguards are in place to protect Ryan as a staff member given he has shared his story but had rejected some offers</p>	
--	--	--

	<p>of psychological support. KD advised that although Ryan had rejected the offers at the time he was unwell, he is now meeting with Matrons and colleagues to receive the required support. This has helped recognise that offering support services at a later date rather than whilst still in hospital is important.</p> <p>The Board recognised the bravery of Ryan sharing his story and thanked him for his transparency of his experience and allowing learning from it.</p>	
Section 2: Business From Previous Board Meeting		
Bo.11.22.4	<p>Minutes of the Meeting held on the 22nd September 2022</p> <p>The minutes of the meeting held on the 22nd September 2022 were approved as a true and accurate record of the discussions and decisions.</p>	
Bo.11.22.5	<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>Bo22006 Bo.3.22.19 Partnerships Board:</u> 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. Complete – see Appendix 1. Action closed. • <u>Bo22016 Bo.9.22.3 Meet the CSU – SPaRC Team:</u> The link to the app to be shared with the Board of Directors but will not be circulated further for now. Complete. Action closed. • <u>Bo22017 Bo.9.22.5 Matters Arising – 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. Complete - see Appendix 2. Action closed. • <u>Bo22019 Bo.9.22.11 Report from the Chair of the Finance and Performance Academy – July 2022:</u> 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. Having sought information from Sarah Turner, Assistant Chief Nurse Vulnerable Adults and Caroline Carass, Learning Disabilities Lead Nurse, SA provided an 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 	

	<p>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. Action closed.</p> <ul style="list-style-type: none"> • <u>Bo22020 Bo.9.22.17 Report from the Chair of the People Academy – July 2022:</u> Share the link of video produced of six BTHFT colleagues living with a disability or who associated with a disability. Complete. Action closed. • <u>Bo22014 Bo.7.22.14 Waiting List Analysis:</u> 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. The Board will be updated every six months, with the next update to be provided in March 2023. Action closed. <p>BAS recognised the need to share performance oversight in relation to stroke performance following discussion held at the September Board meeting under item Bo.9.22.4. SA confirmed he would include this in the regular Board update.</p>	<p>Chief Operating Officer Bo22021</p>
Section 3: Business Reports		
Bo.11.22.6	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report, and made reference to the following key points:</p> <ul style="list-style-type: none"> • The Council of Governors meeting was held on 20th October and the report includes the key issues discussed. • The Annual Members Meeting/Annual General Meeting was well attended and the informal feedback received to date has been excellent. • MM noted he was currently Chair of the Yorkshire and Humber Applied Research Collaboration Forum. <p>MHu requested that future reports include reference to the pre-meetings that take place between the NEDs and the Governors ahead of the Council of Governor Meetings to demonstrate visibility to the Board that these meetings occur and consist of helpful and detailed discussions.</p> <p>MHu suggested that recordings are made of face to face meetings and published as these appear to be well received. JH agreed to look into the logistics of this as part of the piece of work he is currently undertaking in relation to facilitating hybrid meetings. An update will be brought back to the next Board of Directors meeting. KW and JHi recognised the need to be creative in this as it is unlikely that members of the community will be able to dedicate the time to watch a full Board meeting.</p> <p>The Board noted the report.</p>	<p>Associate Director of Corporate Governance/Board Secretary Bo22022</p> <p>Director of Strategy & Integration Bo22023</p>
Bo.11.22.7	<p>Report from the Chief Executive</p> <p>MP highlighted the following key points in relation to patients,</p>	

	<p>people, partners and place:</p> <ul style="list-style-type: none"> Patients: The focus on reducing waiting times continues and at the end of October there were no patients waiting beyond 104 weeks. The maximum wait continues to reduce whilst the Trust remains on trajectory to achieve no patients waiting beyond 78 weeks by the end of March 2024. Once this has been achieved focus will be moved to achieving zero patients waiting beyond 52 weeks by March 2025. Work with patients on a planned or elective pathway needs to be balanced with ensuring sufficient resource to meet demands of increases in urgent care both in terms of attendance increase as well as an increase in acuity which is always challenging during the winter months. MP advised that SA will share details on how the Trust plans to meet these challenges during the Winter Operational Response Plan agenda item. MP reported that the Trust continues to be one of the top performing Trusts for AED waiting time standards both regionally and nationally. The Trust is participating in a winter improvement collaborative over the coming weeks and SA attended the first session of this in London recently. In addition to this MP and MM joined an event in York recently which was attended by regional and national leaders to hear about good practice operating in other parts of the region. The Trust continues to care for inpatients who have Covid-19 and today's figures are 18 inpatients. This number is expected to rise alongside patients presenting with flu therefore focus continues on infection prevention control measures as well as encouraging flu and Covid vaccination uptake amongst staff. People: The Thrive festival has been launched this week which promotes and showcases wellbeing offers that are available to staff. A Thrive Live Q&A session was held recently and the Trust is also in the middle of the staff satisfaction survey period – colleagues are being encouraged to provide their feedback and voice their opinions through these routes. <p>The Royal College of Nursing (RCN) has notified that they have met the threshold to proceed to industrial action by 0.8% (10 votes). The RCN are required to provide two weeks' notice of the industrial action and the first of these is expected to take place before Christmas. It is expected that urgent and emergency care will be protected but elective and planned cases will be impacted. The outcome of further ballots by other unions is awaited.</p> <ul style="list-style-type: none"> Partners: MP reported that Sir Julian Hartley will be leaving his role as Chief Executive Officer (CEO) at Leeds Teaching Hospitals NHS Trust in the New Year to take up a new role as CEO of NHS Providers. Although this is a huge loss to West Yorkshire it is a great opportunity for Julian who has been instrumental in the establishment of the West Yorkshire Association of Acute Trusts (WYAAT) which he currently chairs. The Board acknowledged his contributions to the area and thanked him for his support. 	
--	---	--

	<ul style="list-style-type: none"> • <u>Place</u>: MP was honoured to be invited to a reception at the City Hall this week as part of the Royal visit of King Charles III. There were approximately 100 invited guests including young people demonstrating the strengths of the City from the world of business, sports, art and community. The King spent a lot of time meeting and talking to each of these young people individually which was a delight to observe. <p>JL referred to the upcoming industrial action and said it was important to understand the full impact of this. MP confirmed that PC would provide an update in relation to this later in the meeting.</p> <p>MHu queried whether a lower uptake of vaccinations was being seen amongst ethnic minority staff. PC confirmed that as a Trust, lower uptake of both Covid and flu vaccinations is being seen for ethnic minority staff as well as support staff. The Lead Nurse has reported challenging behaviour from staff members who do not wish to be vaccinated and she is undertaking a lot of 'myth busting' work to change perceptions but this is a slow process. In relation to community vaccinations KD advised that NHS England lead on all communications therefore we cannot share these as quickly as we would like to and also since the change from the Clinical Commissioning Groups (CCG) to Place there are some communication issues when searching for vaccine details on the internet as this directs to archived pages of the CCG. KD reported that some of the Primary Care Networks (PCNs) are not providing the Covid vaccinations this year and therefore more pharmacies are taking part in the programme but this impacts on housebound patients who are unable to access the pharmacies. Rukeya Miah, Deputy Associate Director of Nursing is undertaking some targeted work to address lower uptake areas and cohorts of patients through her role as part of the Bradford District & Craven Vaccination Programme.</p> <p>MM thanked MP for the update.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Strategy		
Bo.11.22.8	<p>Communications – Annual Update</p> <p>JH provided an overview of the presentation and made the following key points:</p> <ul style="list-style-type: none"> • The Communications team have processed 776 Freedom of Information (FOI) requests. The investigation and response to each FOI cannot be underestimated. • There have been 1.4 million views on the Trust intranet page and 1.6 million views to the Trust website. • It was pleasing to see that the Thrive page is the third most popular visited page on the Trust intranet. • The Anaesthesia page is the tenth most popular visited page on the Trust intranet and JH wished to acknowledge how well the Anaesthetics team have worked with the Communications team to ensure policies are readily accessible. 	

	<ul style="list-style-type: none"> • The Communications team have been involved with a number of notable TV projects including 'Yorkshire Midwives on Call' which was a huge success. • In terms of upcoming project support the team will be working on a number of projects including veterans awareness and work to support the Equality Diversity Inclusion (EDI) agenda. <p>KW asked whether there were any themes in relation to the FOI requests. JH agreed to share any patterns/themes with the Board. JH explained that although some FOIs may appear spurious all receive an appropriate response. The team do redirect where it is appropriate and legitimate, i.e. to the website etc. in order to reduce the burden. JH explained that it is often the case that journalist enquiries are received through this route. SN asked if there had been a similar increase in subject access requests and JH advised that very few of these are received through the communications team; these are more likely to come through HR. PC advised there had been a very small increase in these and confirmed they usually result from a grievance process.</p> <p>SN asked if there is a plan for developing similar work with other teams like that described in relation to the Anaesthetics team. JH explained that this is possible but it is important for the teams themselves to provide the content. The Communications team does not have the time or the expertise to create specialty content from scratch, but will support individual teams to improve their web presence.</p> <p>SN asked if communications have been shared in relation to Black History Month, Islamophobia, and Pride etc. JH confirmed these topics had been covered but there was always room for improvement; the Communications team were improving their longer term planning to ensure key events and subjects are not missed and now had a manager focused on internal comms, working with Organisational Development and local teams. MP advised that Zahra Niazi has been appointed as the designated EDI lead for Place and she is collating a forward planner of significant cultural events and religious festivals to help the Place work together better in relation to this.</p> <p>The Board noted the report.</p>	<p>Director of Strategy & Integration Bo22024</p>
Section 4b: People		
Bo.11.22.9	<p>Report from the Chair of the People Academy – September & October 2022</p> <p>KW provided an overview of the reports from the People Academy in September and October 2022 highlighting the following:</p> <ul style="list-style-type: none"> • The main focus of the Academy meeting in September was on assurance and reviewing the dashboards. • Audit Yorkshire was commissioned to undertake an audit of the Trust's recruitment and retention and implementation of the People Plan. The report concluded that there were effective governance arrangements in place for reporting and oversight to 	

	<p>ensure satisfactory progress with implementing the NHS People Plan.</p> <ul style="list-style-type: none"> • Audit Yorkshire had also undertaken an internal audit on the Board Assurance Framework for Nurse Staffing which received a rating of 'high assurance' in September 2022. • The October Academy meeting received an update on the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Further details of this will be discussed in the EDI update agenda item. • The Healthcare Worker Flu Vaccination Best Practice Assurance report was received and discussed. The requirement was for the Trust to review the best management practice checklist to provide public assurance via the Board. This report will be discussed further under agenda item Bo.11.22.22. <p>The reports were noted by the Board.</p>	
Bo.11.22.10	<p>Equality, Diversity and Inclusion Update (including WRES, WDES)</p> <p>KH joined the meeting to provide an overview of the presentation and made the following key points:</p> <ul style="list-style-type: none"> • The EDI agenda is very complex with nine protected characteristics under the Equality Act. The Trust has a responsibility in ensuring policy, procedures and care of patients and staff meet the requirements of the Act. There is a dedicated team in place to advance this agenda across the Trust. • The approach to EDI includes the development of the Strategic Equality and Diversity Council which is chaired by MP to help the Trust to identify and align its workforce and population health inequalities priorities. • There have been a number of achievements over the last 12 months in the race equality agenda including achievement of the 35% target of being representative of the communities we serve. The Trust has actively celebrated and promoted Black History Month as well as other key cultural and religious festivals. Achievements have also been made in disability equality including securing the WDES Innovation Fund to help raise the profile of disability inclusion across the Trust as well as the introduction of a Disability Equality and Disability Leave Policy. • Progress has been made on gender equality including the celebration of International Women's Day. • Next steps include a renewed approach to civility and respect in the workplace, city wide alignment with local, regional and national priorities, and the development of a Trust wide equality, diversity and inclusion strategy featuring a refreshed set of strategic equality objectives, in line with EDI priorities, and in co-production with staff and the wider community, accompanied by an implementation plan. <p>KW referred to the point about education, empowerment and support and felt this was a key point as people are often oblivious due to not being affected by same issues as others therefore awareness raising was key.</p>	

	<p>JP reflected that the approach to EDI felt different to what it has been previously and it was now easier to have a leadership focus on EDI which is fantastic.</p> <p>MHu believed that quality of care and outcomes from patient care were missing from the draft EDI objectives, e.g. communication difficulties and the impact on patient outcomes and felt that needs to be included within the EDI objectives more strongly. KH said he recognises the importance of his role within the Quality Academy and the ability to influence EDI using this forum. In terms of quality of care KH referred to objective three in relation to tackling health inequalities and as part of this he will continue to work with Executive colleagues and their teams around the key areas of focus such as capturing data from a patient complaints and experience perspective as well as empowerment to address issues of concern.</p> <p>MHol complemented KH and his team and recognised that from an operational perspective all the work being undertaken is working well with advice, support and guidance being readily available to staff.</p> <p>JH reflected that if the Trust values are embedded and lived by each person then that will go a long way towards implementing the EDI strategy and this should be done consistently by reinforcing the values through our day to day business. This was echoed by SA.</p> <p>SN said the work being undertaken was fantastic to see and she is aware that further work is ongoing to address issues such as civility and kindness in order to address the cultural shift that is needed particularly in relation to BAME staff reporting bullying and harassment within the workplace.</p> <p>KH provided a summary response to the comments received and said he wants every single member of staff to feel included. There are small pockets of negative behaviour that impacts others which does concern KH but he has found that some staff have the confidence to come and share their experience and story with him. KH feels that he is in a good position to listen to and support these individuals and he would like to empower managers to be able to do the same and also to have the difficult conversations that are needed in order to address concerns.</p> <p>MM thanked KH for the insightful presentation and his attendance at the meeting to provide this important update.</p> <p>The Board noted the update.</p>	
Bo.11.22.11	<p>Strategic Equality & Diversity Council (EDC) Update</p> <p>MP presented the paper and wished to make one observation in particular regarding empowering people in relation to the EDI agenda. MP was pleased to report that recent EDC meetings have had regular updates and input from the Trust's three staff equality networks. The Race Equality Staff Inclusion Network (RESIN), Enable and LGBT+ networks are all represented at EDC which</p>	

	<p>ensures that our staff networks have a voice at this strategic meeting but more importantly they are actively influencing the Trust's Diversity and Inclusion agenda.</p> <p>MM asked if the new EDI Strategy will steer the work of the EDC and MP confirmed it would.</p> <p>JH wished to acknowledge the marking of World Menopause Day on 18 October and was pleased to see a number of individual staff who were not part of any particular group or network but came together to secure funding for an app in relation to menopause. This is a good example of staff feeling empowered to take ownership and was pleasing to see.</p> <p>SN reflected that the EDC appears to work really well in terms of meaningful engagement and ownership and asked if lessons can be learnt from this forum in relation to authentic inclusion of attendees at other meetings and forums i.e. how we can gain more insight similar to that at EDC. MP agreed and suggested that we could be more purposeful when inviting individuals to meetings so they have a brief ahead of attending from the perspective of the network they are representing.</p> <p>The Board noted the update.</p>	
Bo.11.22.12	<p>Looking After Our People</p> <p>PC provided a verbal update and made the following key points:</p> <ul style="list-style-type: none"> • There has been a reduction in sickness absence by a total of 0.75% in September. • The health and wellbeing offer to staff continues to evolve and the financial wellbeing offer has now been launched with staff taking benefit of the "Salary Finance" offer. Bradford District Credit Union have provided finance seminars to staff. Bradford Council has launched a dedicated website and booklet with advice on cost of living which is an excellent resource for Bradford residents and includes signposting people to different resources including mental health support. There is also an increased focus on physical wellbeing with a big emphasis on physical activity. The newly appointed Gym and Wellbeing Manager Mohammad Navsarka is now promoting the gym offer and developing classes for staff as well as diet and fitness plans. • The Trust is working towards becoming an accredited menopause friendly employer and the application for this is due to be submitted to the ICB soon. • Mental health related absence continues to be the highest reason for absence and an increase in referrals to the Trust occupational health psychology service has been seen with a waiting list now in place. However, one of the benefits of having support psychology in place as well as the occupational health psychology services is that there is a quick triage option available to signpost to other resources. If necessary the West Yorkshire Partnership Wellbeing Hub service is also available. • Monday 14 November marks the start of anti-bullying week 	

	<p>whereby a number of activities are taking place as well as information on support available to staff.</p> <ul style="list-style-type: none"> PC went on to update the Board in relation to industrial action. PC provided an update in relation to the current position of potential industrial action by nursing staff. The RCN ballot has now closed and the threshold for industrial action has been met for our Trust. In terms of Unison their ballot opened the previous week and an informal meeting has taken place with Unison. RCN and Unison each have approximately 1200 members at the Trust. The Royal College of Midwives (RCM) and the Chartered Society of Physiotherapy (CSP) open their ballots this week. The Society of Radiographers are not currently balloting but will review their position in the new year. Unite have a small membership at the Trust and so far have not balloted but it is possible that may target pathology services. It is expected that the junior doctors are likely to ballot beginning to mid-January. A strike operational planning group has been set up where a detailed assurance document is being worked through for planning purposes. Informal meetings have taken place with the local trade unions as it is important to maintain good relationships. The RCN have publicly declared that the strike will not affect emergency and urgent care areas but derogation will need to be negotiated and agreed for other areas to be exempt from strike action. Based on previous experience it is likely that the unions will seek to agree a service similar to that which takes place on a bank holiday which will mean there will be impact on elective care. <p>KW asked whether staff who do not wish to strike will have the option to work elsewhere in the hospital that requires support. PC said the operational group will consider redeployment of staff in line with legislation.</p> <p>JP referred to the elective waiting times and asked whether they will need to be reviewed due to the impact of the industrial action particularly if it is prolonged. MP advised that they would need to be reviewed if prolonged industrial action takes place as this will have a significant impact on waiting times.</p> <p>JHi asked how the impact of receiving notification on the day from individual staff members who are taking industrial action will affect the planning of services. PC advised that although staff do not need to legally advise until the day of the strike action we will still seek to request this information to help with managing services and are advising staff that it is their professional duty to declare their intentions.</p> <p>JHi reflected that maintaining a good ethos amongst staff before and after the industrial action regardless of who takes part is important to maintain good relations amongst colleagues.</p> <p>The Board noted the update.</p>	
--	--	--

Bo.11.22.13	Staff Survey 6 Monthly Update <p>PC provided an overview of the paper and explained that the 2021 NHS Staff Survey was completed between September and November 2021. The results were available from March 2022 and have been shared earlier this year, along with an Action Plan that was created in response to the results.</p> <p>SN asked if anything was planned to recognise the work of staff during the pandemic and the impact that it had. PC confirmed that a thank you card and badge of recognition was sent to all staff during the first year of the pandemic. Further gestures of recognition were made through providing staff with a fleece/hoody/voucher as well as a day's birthday annual leave to be taken at a time of their own choice.</p> <p>SN asked if we formally recognise and acknowledge the awards that staff achieve outside of the Trust. PC confirmed that this is acknowledged through the Let's Talk bulletin and was also recently acknowledged at the Razzle Dazzle Ball. JH advised that staff are supported and encouraged in relation to awards for example financial assistance is offered when staff are shortlisted to attend a ceremony and support is also provided in terms of the logistics.</p> <p>SN recently came across some research from a social care organisation in relation to the employee of the month and team of the month awards and how this may have a demotivating impact and asked if this can be counteracted. PC said that a pause has been made to these awards whilst a review on the approach is undertaken. SN agreed to share the research article.</p> <p>The Board noted the update.</p>	
Bo.11.22.14	Midwifery Staffing Review <p>KD provided an overview of the paper and explained that it provides a comprehensive summary of the midwifery establishment review process and wished to highlight the following key points in particular:</p> <ul style="list-style-type: none"> • The table on page five of the report refers to the Birth Rate Plus 2022 figures and the variance position as at September 2022. KD explained that although the target date for achieving Maternity Continuity of Care (MCoC) has been removed, the message from National Maternity leaders is clear that MCoC should not be considered until safe staffing levels are achieved. However, achieving MCoC as a default position remains the overarching ambition. The Maternity Service at the Trust has adopted this position over the last twelve months and at the current time has no intention to progress any new continuity teams or pathways, but will continue to focus on women and birthing people from our most vulnerable populations. Instead, the priority is to achieve the 253.35 WTE Birth Rate Plus as required to provide safe staffing levels based on existing MCoC pathways and models of care. The current vacancy against this 	

	<p>figure is -10 WTE which will increase with usual attrition rates between now and newly qualified midwife appointments in October. The second priority for 2022/23 will then be to recruit a further 2.17 WTE required to achieve 35% MCoC in addition to safe staffing, gradually working towards the number required to achieve 51% MCoC.</p> <ul style="list-style-type: none"> Table three on page eight of the report refers to the provision of one to one care in active labour. KD reported that despite the ongoing staffing challenges, the service has continued to sustain 1:1 care in labour rates above 90% with the exception of September, which is extremely positive. The October data suggests a position of above 90% therefore the September position may be an isolated one but the service will continue to monitor the monthly percentage. <p>JHi confirmed that she was very supportive of the specialist midwife roles and how these are particularly helpful to preserve safe staffing ratios to support clinical areas at times of pressure. JHi asked how staffing challenges can be captured for the community areas as some of the incidents that occur are linked to community areas and not just those that occur in the hospital setting. KD explained that the red flags are predominantly generated from inpatient services but the totality of staffing includes the community services and when staffing and mitigation is reviewed it is from a whole unit perspective. KD referred to the Maternity Safety meetings which JP also attends where all issues are discussed in their entirety. Meetings are also held with the community teams on a monthly basis. These are some examples of how “soft” data is captured in relation to issues within the community but KD acknowledged that it is not as robust as how data is captured for hospital setting incidents and although this would be difficult to capture KD would consider looking into how to do this.</p> <p>The Board noted the update and approved the proposed change in relation to specialist midwife posts.</p>	
Section 4c: Finance and Performance		
Bo.11.22.15	<p>Report from the Chair of the Finance and Performance Academy –September & October 2022</p> <p>JL gave an overview of the report from the Finance and Performance Academies in September and October 2022 highlighting the following:</p> <ul style="list-style-type: none"> The Academy reviewed and discussed the compliance against the elective recovery targets and was assured that the Trust is currently on track to achieve the standards. Due to the nature of the Academy agenda significant focus is given to receiving assurance as opposed to learning and improvement. However it was important to note that the Academy does provide some focus on learning and improvement. The Terms of Reference of the Academy were reviewed at the September meeting and are presented to the Board today for sign off at agenda item Bo.11.22.30. 	

	<ul style="list-style-type: none"> • Colleagues from Act as One attended the September Academy meeting and provided a useful update in relation to Place. It was agreed that they will be invited to attend on a regular basis to ensure oversight of Place activities. • The Academy reviewed the Urgent & Emergency Care (UEC) improvement plan at the September meeting and the Referral to Treatment (RTT) improvement plan at the October meeting. It was recognised that both the improvement plans impact each other. • The Trust is forecasting a breakeven position for Month 6 in terms of finances. However, it was important to note that a number of financial challenges will need to be reviewed as a Board as decisions will have to be made to ensure financial sustainability for 2023/24 and beyond. <p>The reports were noted by the Board.</p>	
Bo.11.22.16	<p>Winter Operational Response Plan 2022-23</p> <p>SA provided an overview of the detail within the presentation and reminded the Board that the plan has been shared at the most recent Board Development Session as well as at the Finance & Performance Academy where input was received from Board colleagues. The plan is very much a live document and subject to continuous change as required. SA explained that the plan has been developed with support from colleagues across the Trust as well as in conjunction with partner organisations and takes into consideration the requirements from NHS England (NHSE) including the letter dated 12 August 2022 in relation to next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter. SA advised that trajectories against winter metrics have been submitted which are based on the baseline of winter 2021/22 and these are being monitored closely.</p> <p>JP asked how the Trust will ensure that ambulance waits for handover are not prolonged as per a recent report on the news in relation to another Trust. SA explained that focus is being given to downstream activity and ensuring that the system is kept flowing. Increasing bed capacity during the winter months as well as focussing on admission avoidance and discharge are all key to ensuring good flow which in turn allows for timely ambulance handover.</p> <p>JP referred to the possibility of an increased number of patients accessing AED due to not being able to access their GP and how this will be managed amongst the winter pressures. SA acknowledged that all parts of the system were under pressure, he anticipated a general increase in demand during the winter months and explained that this is being managed through the streaming model which is to assess patients efficiently and transfer them to the relevant area i.e. to the GP assess area, Same Day Emergency Care pathways or to the AED waiting area to ensure that patients are then seen by the most appropriate clinician depending on their medical need. KD added that the plan has had good clinical input and it was important to note that it is a plan which means there is the risk that it</p>	

	<p>may deviate but the Trust has the infrastructure in place to manage any variances and risks that may occur.</p> <p>MM asked about the command centre briefing and how often this is received. SA advised that an hourly trigger is received and the command centre team meets regularly and this is combined with on call managers both clinical and non-clinical colleagues.</p> <p>MM asked about the size of the ring fenced bed base. SA explained that there are two wards which are currently open which are elective wards and there are plans to open another ward making it three wards dedicated to elective activity.</p> <p>The Board approved the Winter Operational Response Plan.</p>	
Bo.11.22.17	<p>Budget Setting Process and Timetable</p> <p>CSm gave an overview of the paper and explained it summarises the process of financial planning for 2023/24 and provides a high-level assessment of the likely funding scenarios in the new financial year. NHSE has suggested that the 2023/24 planning guidance, including the contracting and payments framework, will be issued in December 2022, although no specific date has been confirmed. Regular historic delays in the issuance of national planning guidance mean that the Trust cannot wait for this to be published prior to commencing its financial planning for 2023/24.</p> <p>The Board is asked to note the planning timescales and the degree of uncertainty relating to the funding quantum.</p> <p>BS referred to the association between the budgeting process and the Trust Strategy and how the budget will reflect what needs to be done to achieve the strategy and how financial constraints may impact on the ability to progress the Trust Strategy. CSM advised that in terms of the budget setting process input from the CSUs will be sought in order to get their views on what they require in relation to investment for the coming year. From the strategy perspective the planning process will factor in any agreed investments or developments which have been agreed through the Executive Team Meeting (ETM) and/or Academies and Board which are linked to the strategy. JH added that the difficulty is that the strategy is a five year plan whereas the budget planning process is an annual process and therefore reconciling the two perfectly is not entirely possible. However the strategy does have caveats within it in order to be able to adjust if required once annual planning expectations are available.</p> <p>The Board noted the update.</p>	
Section 4d: Quality and Patient Safety		
Bo.11.22.18	<p>Report from the Chair of the Quality & Patient Safety Academy – September & October 2022</p> <p>MHu provided an overview of the reports from the Quality and Patient Safety Academy (QPSA) in September and October 2022</p>	

	<p>and made the following key points:</p> <ul style="list-style-type: none"> • Following a review of the Academy, the format of the meetings has been changed. The October meeting was the first of the new style meetings where alternate months will cover QPSA assurance and QPSA learning and improvement. The October meeting focussed on assurance. Focus of the October meeting was on language and communication issues and how to approach this more strategically. • A deep dive into stillbirth figures took place following an increase in numbers and discussions that had been held at the Board of Directors and Council of Governors meetings. • A review of the dashboard was undertaken and this continues to evolve and improve in order to get it to the required standard. • A review of long standing risks took place to ensure progress is being made. The Academy recognised the need to review the risk report to ensure it appropriately demonstrates the detail taken to review risks. • The Academy noted the increase in focus on the area of Research now received at Board however it was keen to see a much greater focus on this area and in particular to articulate better the tangible impact Research has on the Trust and the local population. The Academy concluded that it would be useful to review best practice from other organisations to support any future reporting at the Trust. • The Bi-Annual Digital report was received and a comprehensive discussion was held on Virtual Royal Infirmary (VRI) developments, and the success of the Omnicell automated medication dispensing system. • The Academy discussed the requirement for clarity with regards to incident reporting periods of still births and other investigations to ensure that the Academy is clear on the associated timeframes. It was agreed that future reporting would ensure that the timeframes were clear. <p>MM thanked MHu for the update and added that KD is in the process of arranging a session with Governors regarding maternity following queries raised at a recent CoG meeting.</p> <p>The reports were noted by the Board.</p>	
Bo.11.22.19	<p>Maternity & Neonatal Services Update – September 2022</p> <p>KD wished to acknowledge the work that SH and her team have undertaken in the last few weeks in relation to supporting women and families with the cost of living crisis and the impact this has on them. Examples of the type of help and support include links with local food banks for referrals as well as access to food parcels, providing refreshments to women and children attending maternity services for appointments, providing sandwiches for those attending for long outpatient appointments and access to bus passes and discounted taxis.</p> <p>SH joined the meeting and referred the Board to the headlines contained within the paper in relation to Maternity and Neonatal</p>	

	<p>Services for September 2022.</p> <p>The update was noted by the Board.</p>	
Bo.11.22.20	<p>Maternity & Neonatal Services Update – October 2022 (including NHSE CQC Sustainability Plan)</p> <p>SH referred the Board to the headlines contained within the paper in relation to Maternity and Neonatal Services for October 2022.</p> <p>SH explained that the service has acknowledged the recommendations of the CQC 2019 report, and has incorporated them into the existing maternity action plan. The ‘must, should, could’ do actions and recommendations are summarised on the first page of the overarching action plan, with additional tabs providing more detailed descriptions of the actions required to evidence compliance. The overarching improvement plan has been updated to include the Ockenden Assurance action plan. Significant progress and compliance has been achieved with outstanding actions linked to major maternity transformation plans which are now complete (phase 1 theatre build). Recent internal audit of the CQC action plan was assessed as ‘Significant Assurance’.</p> <p>The Board supported the recommendations contained in Appendix 1, Bi-annual Midwifery Staffing Paper, required to demonstrate compliance with Safety Action 5 of the Maternity Incentive Scheme, year 4.</p> <p>The Board approved Appendix 2, the Maternity Sustainability Improvement Plan, required by NHSE in order to exit the service from the Maternity Safety Support Programme.</p>	
Bo.11.22.21	<p>Reading the Signals – Report following the Independent Investigation into East Kent Maternity and Neonatal Services</p> <p>SH provided an overview of the report which summarises the independent examination into maternity services at The Queen Elizabeth The Queen Mother Hospital (QEQM) and the William Harvey Hospital (WHH), part of East Kent Hospitals University NHS Foundation Trust, between 2009 and 2020. The investigation was conducted by Dr Bill Kirkup CBE. One of the asks of the report is that every Trust and Integrated Care Board is required to review the findings of the report at its next public board meeting.</p> <p>SH highlighted the key findings of the report which include a number of failures that took place and referred to the key recommendations. This includes four broad areas for action rather than multiple detailed recommendations. Previous recommendations and policy initiatives from other maternity reports are taken as a given and also need to be adhered to. In terms of actions, other than presentation of the report to Open Board there are no other immediate actions requested at regional or national level as yet but it is anticipated that Trust’s will be asked to benchmark themselves against the report by the Spring with a particular focus on culture. There is a regional offer for Trust’s to take part in the perinatal culture and leadership development programme. Our Trust has been invited to join phase</p>	

	<p>one of this programme which starts in January 2023.</p> <p>Recommendation four is for Trusts to review their approach to reputation management and to ensure there is proper representation of maternity care on their boards. This is something the Trust does already through the regular reports presented by SN but consideration should be given to attendance by other colleagues e.g. from the Neonatal department or by the Clinical Director.</p> <p>KW referred to the importance of behaviours and values and asked how these are measured and recorded in staff development reviews. SH explained this is undertaken through the appraisal process and there is the opportunity to provide and seek feedback in relation to Trust values. There are also other mechanisms available to staff for feedback and culture surveys will be repeated across all areas soon.</p> <p>KW asked how patients and families are surveyed to receive feedback on the service. SH explained this takes place through the annual survey and the Friends and Family survey. The website also encourages people to provide feedback. Complaints that are received are analysed immediately and actions are taken.</p> <p>JP commented that his experience of working with maternity service staff here at the Trust is certainly not reflective of the report in relation to the service at East Kent Hospitals however JP would welcome broader representation of staff to the Board meetings as this will increase ownership and visibility of the service. If JP could do anything more to support the service as Maternity Champion he would be happy to do so.</p> <p>BS reflected on whether disproportionately less attention is being given to other areas of activity within the hospital due to focus being on maternity services. RS felt this was a fair point and culture is something that is incredibly important to the Trust which is why it features as a workstream within improvement programmes in particular the Outstanding Maternity Services Programme and Outstanding Theatre Services Programme. In terms of applying learning from these programmes the lessons learnt can be transferred across other services to improve culture where it is needed as it is impossible to have outstanding programme for all services. It was important to note that risks from maternity services are disproportionate in line with other areas due to the nature of the service.</p> <p>SN asked that we continue to explore ways in which we engage with families to ensure that we are confident that feedback we are receiving is truly reflective of the patients of Bradford and what we put in place is effective. SH said we continue to do this and felt confident that we reach out to the diverse range of the communities we serve however we tend to hear from those representing the communities rather than the women themselves and anything to support this would be appreciated.</p> <p>The Board noted the content of the report, the assurances given and supported the recommendation to the Board as detailed within the report and presentation.</p>	
--	---	--

Bo.11.22.22	<p>COVID-19 and Flu Vaccination Programmes</p> <p>KD explained that this has been covered as part of the report from the Chair of the Quality & Patient Safety Academy item.</p>	
Bo.11.22.22a	<p>Healthcare Worker Flu Vaccination Best Practice Assurance</p> <p>PC presented the item and wished to bring the Healthcare Workers Flu Vaccination Best Practice Management Checklist (Appendix 1) to the attention of the Board and advised that the Trust is rating itself as Confident overall.</p> <p>PC explained that Trusts have been set a target of offering the vaccine to all frontline health and social care workers, both clinical and non-clinical who have contact with patients. 53.4% of frontline staff received the vaccine in 2021/2022 which was a steep reduction in previous years and impacted by VCOD (Vaccination as a condition of deployment). National uptake was 60.5% again a reduction from the previous year. The paper provides an update and review of the 2021/22 campaign and the proposal to improve and enhance uptake for this year.</p> <p>The Board noted the review of the 2022/23 Flu Campaign and was assured of the 2022/23 plans which have been put in place.</p>	
Bo.11.22.23	<p>Quality and Safety of Mental Health, Learning Disability and Autism Inpatient Services</p> <p>KD welcomed Sarah Turner, Assistant Chief Nurse for Vulnerable Adults (ST) to present the item. ST explained that following a number of high profile cases reported in the media recently of patients within health and social care settings experiencing abuse, neglect and ill treatment an exercise has been carried out to measure our assurance. The Winterbourne review highlighted concerns eleven years ago and despite increased regulation, monitoring and the introduction of statutory safeguarding boards lessons do not appear to have been embedded. ST explained the various mechanisms in place at the Trust to ensure this happens such as Freedom to Speak up, Duty of Candour, Training, Visible Leadership and Specialist Teams. ST said it was important to learn and question as well as to trust our instincts. Working in partnership with external bodies is also a key element.</p> <p>SN said it was important that learning takes place in relation to incidents and a debrief takes place and lessons to be learnt are captured adequately. In terms of complaints and access to using the process it was important to ensure easy read literature as well as accessible ways to raise concerns and complaints are in place for patients with learning disabilities. ST said a student has joined the team recently who has lived experience of this and she is in the process of creating an easy read guide which will be something to be used across the Trust.</p> <p>The report was noted by the Board.</p>	

Section 4e: Partnerships		
Bo.11.22.24	<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>JH advised that reducing inequalities is discussed at regular meetings of the Equality & Diversity Council and one of the challenges raised at the recent meeting was that a lot of work is undertaken across the Trust already – in individual CSUs, teams and departments – but perhaps we don't adequately recognise how this contributes to tackling inequalities, therefore we need to improve the way we capture, publicise and learn best practice from this work and share it across the organisation.</p> <p>JH said that the Trust is an anchor institution and partnership working with other anchor organisations is important. An example of this is that the Executive Team had met with the University of Bradford leadership team, where discussions took place about how both organisations can work together closely to support the community of Bradford.</p> <p>The Board noted the update.</p>	
Section 4f: Audit & Assurance		
Bo.11.22.25	<p>Report from the Chair of the Audit Committee – October 2022</p> <p>BS provided an overview of the report from the Audit Committee in October 2022. BS referred to the reported Internal Audit results of seven audits specified within the approved 2022/23 Internal Audit Plan completed since the last Committee meeting, all having Significant or High Assurance which reflects a strong set of results which is a continuing trend.</p> <p>The report was noted by the Board.</p>	
Bo.11.22.26	<p>2021/22 Annual Report from the Audit Committee</p> <p>BS presented the Annual Report from the Audit Committee for the period of July 2021 to June 2022 and reminded the Board of its duty to review the performance of its Academies and Committees annually to determine if they have been effective, and whether further development work is required. One of the key elements to this review is the annual report provided by its Academies and Committees. The Audit Committee terms of reference were revised and approved by the Board in November 2021 allowing for the removal of reference to the 'Regulation and Assurance Committee'. In May 2022 the Board approved a further amendment under 'Duties' to make clear that the Committee is responsible for monitoring policy compliance. This annual report incorporates a summary of the activities of the Audit Committee during and in respect of 2021/22.</p> <p>The Board noted the report.</p>	

Bo.11.22.27	<p>Report from the Chair of the Charitable Funds Committee – 1 November 2022</p> <p>MM presented the report from the Charitable Funds Committee in November 2022 and the paper was taken as read.</p> <p>The report was noted by the Board.</p>	
Bo.11.22.27a	<p>Charitable Funds Committee Terms of Reference</p> <p>MM presented the Charitable Funds Committee Terms of Reference for approval and referred to JH for any points to note. JH explained that the Charitable Fund Committee's Terms of Reference ensure there are clear procedures, consistency with charity law and good practice in place and that decision making is consistent and transparent. The Terms of Reference were last reviewed at the Charitable Fund Committee meeting on 1 November 2022 where a number of minor amendments were agreed to ensure that the Terms of Reference remain up to date, including references to the Charities Act and the Trust's strategic objectives.</p> <p>The Terms of Reference were approved by the Board.</p>	
Bo.11.22.28	<p>Logic Model Update</p> <p>JH presented the paper and explained that in order to provide Board members with a clear line of sight between the Corporate Strategy and programmes of work which would deliver it, the "Logic Model" was developed.</p> <p>The document lists the four themes ("four Ps") sub-divided into the commitments which sit under each theme (total 18), and further sub-divided into the relevant work areas (total 51), i.e. the delivery mechanisms through which our strategic objectives are achieved. The model sets out, for each of our 4Ps (Patients, People, Place, Partners), our overarching ambition and the respective strategic commitments. For each of these the model shows how this work will be delivered, a progress update, detail of which Academy receives regular reports and the responsible Executive Director.</p> <p>KW felt that the document captures the plan of actions that underpin the strategy but KW could not see anything in relation to the role of the academies in tracking the progress against the strategy. Also how often would the academies need to review this in line with the current cycle of reporting and meetings that take place. KW felt the document needs to be aligned with other reports in relation to activity and reporting.</p> <p>MP reflected that if we were changing the reporting of the strategy every time the Board meets then is this duplicating the reporting that takes place already.</p> <p>BS felt it is a very useful report and it gives completeness of all areas of the strategy and the progress being made. BS said he would be reluctant to request a document which has no value to the Executive Directors but he expected that some of the information within the report will be reassuring in areas that are not within the portfolios of</p>	

	<p>some Executive Directors hence providing value to the Executive Directors as well as to the Non-Executive Directors in terms of completeness.</p> <p>A discussion took place in relation to the frequency of reporting to provide the required level of assurance as this would be a live document and needs to fit in within the cycle of reporting and meetings that are in place already. MM said that his duty requires him to lead on the strategic direction of the Trust and based on that he had requested that the Logic Model Update is provided at every meeting. However, based on the discussions that have taken place and some guidance that MM has received from NHS Providers Governance Lead, MM will discuss further with JH and proposed to agree the reporting frequency and style of reporting at the Board Development Session in December.</p> <p>The Board noted the update and agreed to confirm the preferred approach at the upcoming Board Development Session.</p>	<p>Chairman and Director of Strategy & Integration Bo22025</p>
Bo.11.22.29	<p>Board Assurance Framework & High Level Operational Risks</p> <p>JH introduced the item and asked the Board to note that at its meetings on 26 September and 17 October 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.</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 require further mitigation.</p>	
Section 5: Governance		
Bo.11.22.30	<p>Academy Terms of Reference and Work Plans</p> <p>LP presented the report and explained that in July the Board was advised that each of the Academies had considered its effectiveness. The Finance & Performance and People Academies considered this through the use of a Mentimeter questionnaire at the meetings held on 25 May, and the Quality & Patient Safety Academy held a separate development session on 26 May. The initial outcomes from these reviews were presented to the Academies on 29 June. Further work was then undertaken to develop the terms of reference (including membership) and work plans for the Academies, and proposed changes were presented to the Academies on 28 September. LP outlined the key changes for each Academy as detailed within the paper.</p> <p>The Board noted the changes to the Academies as a result of the annual effectiveness reviews and changes to NED Champion Roles. The Board approved the proposed changes to the Academy Terms of Reference and received and noted the Academy work plans.</p>	

Bo.11.22.31	NED Champions <p>LP presented the report and explained that in December 2021 NHS England released guidance relating to NED champion roles. The guidance describes the context of the review in that the vast number of NED champion roles was making it difficult to discharge all of them effectively, many did not have a role description and some had been in place for over a decade without review. A working group of trust chairs (including the BTHFT chair) has been involved in development of the new approach, which streamlines the number of champion roles from 18 to five, and recommends that the areas covered by the remaining roles are covered through committee oversight.</p> <p>The Board noted the updated NHSE guidance in relation to NED champion roles. The Board approved the NED champion role outlined and noted the arrangements for oversight of the issues which are no longer discharged through a NED champion.</p>	
Bo.11.22.32	Board Work Plan 2023 <p>LP presented the report and explained that the Board's work plan is reviewed and updated on an annual basis. A draft work plan for 2023 has been created as detailed within Appendix 1, based on the items considered in previous years, and any additions required for next year, as advised by the Executive Team. The work plan will be kept under review throughout the year with additional items added as required.</p> <p>The Board approved the work plan for 2023.</p>	
Section 6: Board Meeting Outcomes		
Bo.11.22.33	Any Other Business <p>No other business was discussed.</p>	
Bo.11.22.34	Issues to Refer to Board Committees/Academies or Elsewhere <p>There were no issues to refer to the Board Academies or elsewhere.</p>	
Bo.11.22.35	Date and Time of Next Meeting <p>19 January 2023</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 10 November 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	January 2023	To be considered as part of the board development plan for 2022, when site visits are able to take place. 12/05/22: To be arranged later in year. 10/11/22: To be arranged. To remain open. 16/11/22: A visit to the PRC has been included as part of the Governor/NED induction site visit programme. All NEDs have received an invitation to join the session on 28 February 2023. <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 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.	Associate Director of Corporate Governance/Board Secretary	January 2023	Date to be confirmed.
Bo22021	Bo.11.22.5	Matters arising: BAS recognised the need to share performance oversight in relation to stroke performance following discussion held at September Board (item Bo.9.22.4). SA confirmed he would include this in the regular Board update.	Chief Operating Officer & Deputy Chief Executive	January 2023	Now included in the regular report to Board. <u>Action closed.</u>

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo22022	Bo.11.22.6	Report from the Chairman: MHu requested that future reports include reference to the pre-meetings that take place between the NEDs and the Governors ahead of the Council of Governor Meetings to demonstrate visibility to the Board that these meetings occur and consist of helpful and detailed discussions.	Associate Director of Corporate Governance/Board Secretary	January 2023	Now included in the regular report to Board. <u>Action closed.</u>
Bo22023	Bo.11.22.6	Report from the Chairman: MHu suggested that recordings are made of face to face meetings and published as these appear to be well received. JH agreed to look into the logistics of this as part of the piece of work he is currently undertaking in relation to facilitating hybrid meetings.	Director of Strategy & Integration	January 2023	A verbal briefing will be provided in response to this action.
Bo22024	Bo.11.22.8	Communications – Annual Update: KW asked whether there were any themes in relation to the FOI requests. JH agreed to share any patterns/themes with the Board.	Director of Strategy & Integration	January 2023	FOI briefing circulated by e-mail. <u>Action closed.</u>
Bo22025	Bo.11.22.28	Logic Model Update: A discussion took place in relation to the frequency of reporting to provide the required level of assurance as this would be a live document and needs to fit in within the cycle of reporting and meetings that are in place already. MM will discuss further with JH and proposed to agree the reporting frequency and style of reporting at the Board Development Session in December.	Chairman and Director of Strategy & Integration	January 2023	Discussed at the Development Session on 8 December 2022. Paper is included on the Board Agenda at Bo.1.23.24. <u>Action closed.</u>