

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 19th January 2023, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 10th November 2022 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

Date:	Thursday 19 January 2023	Time:	09:30-15:15
Venue:	Microsoft Teams	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) for agenda items Bo.1.23.1 to Bo.1.23.17 - Ms Julie Lawreniuk (JL) - Ms Sughra Nazir (SN) - Mr Jon Prashar (JP) for agenda items Bo.1.23.1 to Bo.1.23.9 - Mr Altaf Sadique (AS) - Mr Barrie Senior (BAS) - Ms Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Mr Sajid Azeb, Chief Operating Officer (SA) - Professor Karen Dawber, Chief Nurse (KD) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - 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) - Dr Paul Rice, Chief Digital and Information Officer (PR) - Ms Laura Parsons, Associate Director of Corporate Governance and Board Secretary (LP) - Mr Kevin Mercer, Consultant Vascular Surgeon (KM), Mr Robert Guest, Senior General Manager (RG), Ms Jo Taylor, Matron (JT), Ms Shauna Flanagan, Deputy Matron (SF), Ms Jane Lang, Regional General Manager West Yorkshire Vascular Services (JLa), and Ms Clare Vickers, West Yorkshire Vascular Services (CV) for agenda item Bo.1.23.3 – Getting to know the CSUs - Ms Helen Farmer, Act as One Director (HF) for agenda item Bo.1.23.9 Shipley Hospital Update - Ms Sara Hollins, Director of Midwifery (SH) for agenda items Bo.1.23.12 - Maternity & Neonatal Services updates and Maternity Incentive Scheme Year 4 		
Observing:	<ul style="list-style-type: none"> - Mr Mohammed Musa, Communications - Mr David Wilmshurst, Governor 		

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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 wished to use the opportunity to thank JHi for her contribution and commitment to the Trust as a Non-Executive Director during her tenure and wished her all the best for the future.</p> <p>MM wished to commend and thank SA for attending the informal briefing with the Governors the previous week and providing a useful insight and update in relation to performance and the winter pressures.</p> <p>MM shared some sad news in relation to the passing of a Trust colleague and invited JH to say a few words. JH advised of the sad death of Dr Paul Southern, a Consultant Hepatologist, Associate Medical Director and Chief Clinical Information Officer. Dr Southern joined the Trust in 2008 and was well-known and respected within the Trust and across Yorkshire. Dr Southern was instrumental in implementing Electronic Patient Records (EPR) at the Trust in 2017 and continued to pioneer the use of digital technology in improving patient care and supporting colleagues to do their best work. His enthusiasm and energy was boundless. He was always generous with his time and a constant help to colleagues, near and far. He was hugely respected by clinical colleagues as an exemplary clinician, loved by his patients for his care and will be very much missed and fondly remembered. Deepest condolences were offered to Dr Paul Southern's family as well as all his colleagues at this very sad time. RS and PR also paid an emotional tribute to Dr Paul Southern and shared their sadness at losing such a kind and caring colleague so suddenly.</p>	
Bo.1.23.1	<p>Apologies for Absence</p> <p>Apologies were received from Professor Mel Pickup, Chief Executive (MP).</p>	
Bo.1.23.2	<p>Declarations of Interest</p> <p>No declarations of interest were noted but LP wished to highlight that agenda item Bo.1.23.22, NHS Code of Governance and Guidance on Good Governance & Collaboration covers a point in relation to the appointment of the Company Secretary and how the appointment is made. LP will present the item but if the Board wishes then LP will be happy to leave the discussion after presenting the paper to allow the Board to discuss further.</p>	
Bo.1.23.3	<p>Getting to know the CSUs: BTHFT Vascular Team</p> <p>SA welcomed the Vascular Team to the meeting and explained that they have been working across the West Yorkshire Vascular Service (WYVaS) to establish the second arterial centre at BTHFT. SA</p>	

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	<p>reported that the team has undertaken some great work over the last few years ahead of the go-live which was in November 2020. SA introduced Mr Kevin Mercer, Consultant Vascular Surgeon (KM) to present the item.</p> <p>KM thanked the Board for the opportunity to present the item and introduced his colleagues who were also present at the meeting. KM provided some background information in relation to WYVaS and explained that the aim of WYVaS is to provide high quality services combined with national specifications for the whole of West Yorkshire. The service went live in November 2020 with a centralised arterial service in Bradford providing arterial centre provision for Airedale NHS FT and Calderdale & Huddersfield NHS FT. The WYVaS provides a service to a population of just over 1 million people. KM talked through the key points of the service as detailed within the presentation.</p> <p>MM thanked KM for presenting the item on behalf of his Vascular colleagues and was pleased that the service demonstrates a very patient focussed experience.</p> <p>KW was pleased to see an incredibly collaborative service in West Yorkshire and thanked KM for highlighting the team effort that goes into making this service so great including administrative, secretarial and care coordinator colleagues who all play a key part in services but are often behind the scenes and not mentioned.</p> <p>JHi agreed and felt it is a very patient centred service which is inclusive of the multi-disciplinary team. This is inspiring for all colleagues that help run services across the Trust. JHi commented that not only is this a good service to patients but also an attractive place to work for potential colleagues.</p> <p>KD commended the leadership of KM and his team which has been exemplary. The success of this service and any learning from it can be used when implementing service redesign across other West Yorkshire programmes in the future. The feedback being received from patients and colleagues is very positive and KM and the team should be extremely proud of this.</p> <p>MM asked KM if there was anything the Board can do to support the continued good work of the team. KM said that the team were grateful for the support at the time of the go live as it was during the first few months after the Covid-19 pandemic hit and there was a risk of the service not commencing but with the support of the Board the go-live went ahead and a successful service has been in place since. One of the things on the radar now is to have a robust system in place in terms of data collection to be able to support the CQUIN and reports that are being submitted for specialist commissioners therefore data support will be critical.</p> <p>SA concluded the item and reflected on how the service has demonstrated true partnership working on a wider footprint than just Bradford. The service has exhibited how teams of people working</p>	

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	<p>together can impact positively on a patient journey. The last two years have demonstrated fantastic outcomes and leadership from the team and SA was looking forward to the next phase of the service in relation to the hybrid theatre.</p> <p>MM thanked KM and the team on behalf of the Board for providing an insight and understanding of the service.</p>	
Section 2: Business From Previous Board Meeting		
Bo.1.23.4	<p>Minutes of the Meeting held on 10 November 2022</p> <p>The minutes of the meeting held on 10 November 2022 were approved as a true and accurate record of the discussions and decisions.</p>	
Bo.1.23.5	<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>Bo21015 Bo.5.21.10 Patient Recruitment Centre:</u> Discussion around a possible visit to the PRC to be held at the October Board Development Session. To be considered as part of the board development plan for 2022, when site visits are able to take place. 16/11/222: 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> • <u>Bo22021 Bo.11.22.5 Matters arising:</u> 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. Now included in the regular report to Board. <u>Action closed.</u> • <u>Bo22022 Bo.11.22.6 Report from the Chairman:</u> 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. Now included in the regular report to Board. <u>Action closed.</u> • <u>Bo22024 Bo.11.22.8 Communications – Annual Update:</u> KW asked whether there were any themes in relation to the FOI requests. JH agreed to share any patterns/themes with the Board. FOI briefing circulated by e-mail. <u>Action closed.</u> • <u>Bo22025 Bo.11.22.28 Logic Model Update:</u> 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. Discussed at the Development Session on 8 December 2022. Paper is included 	

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	<p>on the Board Agenda at Bo.1.23.24. <u>Action closed.</u></p> <ul style="list-style-type: none"> • <u>Bo22018 Bo.9.22.11 Report from the Chair of the Finance and Performance Academy – July 2022:</u> 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. This has been added to the list of items to be discussed at a future Board Development Session (date to be confirmed). <u>Action closed.</u> 	
Section 3: Business Reports		
<p>Bo.1.23.6</p>	<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"> • A bespoke in-house training session is taking place for NEDs and Governors on 2 February 2023. NHS Providers will be facilitating the session. • The result of the recent Governor Resignation and Elections is included within the report. <p>MM added that he is the Chair of the West Yorkshire Association of Acute Trusts and there has recently been recognition that we have a good West Yorkshire Health & Care Partnership and therefore may be able to help other areas to develop their Integrated Care Boards (ICBs) and Health and Care Partnerships (HCPs).</p> <p>The Board noted the report.</p>	
<p>Bo.1.23.7</p>	<p>Report from the Chief Executive</p> <p>JH presented the report and highlighted the following key points in relation to patients, people, place and partners:</p> <ul style="list-style-type: none"> • <u>Patients:</u> The Trust has faced unprecedented pressure since December as have other hospitals nationally. The Trust has seen increases in demand and despite this our performance has been very strong. We are really proud of all our teams who have worked relentlessly throughout the Christmas and New Year period. It was important to note and commend our performance as it demonstrates the hard work of staff during very pressured times. <p>NHS England published the 2023/24 priorities and operational planning guidance on 23 December 2022 which sets out the priorities for the next financial year. More detailed national guidance on some of the metrics and clarification on the</p>	

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	<p>consolidation at West Yorkshire level of place-based plans into an ICB plan is awaited. We anticipate providing a first cut of our data by mid-February.</p> <ul style="list-style-type: none"> • <u>People</u>: The Trust faces a period of ongoing industrial action by the Royal College of Nursing (RCN) and the next strike action is expected to take place on the 6 and 7 February 2023. The Trust has worked well with the Unions to manage the implications of the strike action and JH wished to commend the professionalism of colleagues in making sure patients were kept safe regardless of whether they took strike action or not. Other professions are also being balloted for possible strike action over the coming weeks. • <u>Place</u>: Emphasis is being given to the response to the cost of living crisis on a place-based basis and item Bo.1.23.10 on today's agenda confirms the Trust's support for the district-wide "Anti-Poverty Strategy" and invites the Board to endorse this, in line with our commitment to being an anchor organisation for Bradford. <p>Sam Keighley has been appointed to the role of CEO for the Voluntary & Community Sector (VCS) Alliance /System Lead for the VCS on the Partnership Leadership Executive for the Bradford District and Craven Health and Care Partnership. Sam has many years' experience of system leadership in VCS locally and regionally.</p> <ul style="list-style-type: none"> • <u>Partners</u>: A West Yorkshire ICB development session was held on 20 December which provided the opportunity to review progress of the ICB committees and an opportunity to hear about national and regional updates from NHS England (NHSE) and the impact this would have on ICBs. <p>In terms of People, MHu raised the issue of a particular department at the Trust where there are some staff concerns in relation to values and culture and these concerns are being highlighted to MHu as a NED. MHu recognised that this particular area is an outlier and the same issues do not exist in other areas however MHu is being contacted repeatedly about issues and was concerned that progress was not being made quickly enough to help resolve some of the challenges. JH advised that a number of developments are underway to address the concerns and JH would be happy to discuss this further at Closed Board. MM referred to an upcoming meeting that has been arranged for MM and MHu to meet with relevant Executive colleagues for an update and full discussion in relation to the issues.</p> <p>KD referred to the two additional reports that have been appended to the report. The first is the letter from the Chief Midwifery Officer at NHSE to inform that the Trust maternity services have been formally exited from the Maternity Safety Support Programme (MSSP). This was agreed by the NHSE National Quality Performance Committee</p>	

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	<p>on 10 January 2023. The letter confirms that due to the improvements that have been made they are reassured that these will support sustainable, high quality and safe maternity care. This is very good news for the Trust and the maternity service in particular.</p> <p>The second letter is from the Care Quality Commission (CQC) following the recent inspection of maternity services at the Trust which provides high level feedback ahead of the draft report which is awaited. Three areas of improvement were identified as detailed within the letter. KD confirmed that steps have been taken to rectify the areas of concern and KD is hoping for a positive outcome overall. The letter also highlighted some positive feedback which was pleasing to see as colleagues in the maternity service have worked extremely hard which is demonstrated through the marked improvement that has been reported.</p> <p>SN referred to the issues that were found at the previous inspection which have been referenced again at the recent inspection and suggested that the effectiveness and monitoring of the action plans that were in place in terms of the remedial action taken needs to be reviewed to see whether there is anything that needs to be changed in terms of internal monitoring. SN suggested this will need to be done once the final report has been received but SN was pleased to note the positive feedback that has been referenced in the letter.</p> <p>The Board noted the report.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Strategy		
Bo.1.23.8	<p>Green Plan – Update</p> <p>JH provided an overview of the report and explained that the paper presents an update on the implementation of the Trust's Green Plan. The Plan was developed and agreed by the Board in 2020 as a means to meeting the requirements of the move to a Net Zero NHS by 2040 which was subsequently revised to 2038 in line with Local Authority targets. The Board received a report in January 2022 outlining the progress made to this point. This paper updates the progress that has been made by the implementation group since the previous report and provides an overview of what work is planned for 2023 including the development of a new Green Plan for the Trust which will reflect anticipated new guidance and tools from NHS England.</p> <p>JH highlighted some of the milestones achieved since the previous report to the Board in January 2022:</p> <ul style="list-style-type: none"> • The launch of the walking routes to St Luke's Hospital from the City Centre by MP and Tracy Brabin, Mayor of West Yorkshire. • The second Green Summit to develop the forum for Trust employees to innovate and help the Trust and the West Yorkshire ICS on its journey to #missiontonetzero has been held. 	

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	<ul style="list-style-type: none"> • More than 1 million electronic letters were sent out by the Trust resulting in a reduction in the environmental impact associated with sending and receiving paper mail. • Continued development of virtual services, with 99,950 appointments held on-line and over the phone rather than face to face between December 2021 and November 2022. • Departure of Energy & Sustainability Manager has offered the opportunity to review the work and staffing needed to support the full range of sustainability work across the Trust including consideration of a new Head of Sustainability post. <p>JH provided an update on progress made in relation to the four main strands related to the plan in the form of utilities, travel and transport, waste management and procurement as detailed within the presentation.</p> <p>JH outlined the plans for the next 12 months including the recruitment of a new Head of Sustainability, to continue to engage with the workforce through the Green Forum, to develop a new Green Plan for the Trust for publication later in 2023, to launch initiatives through Clinical Service Units (CSUs) and Departments across the Trust aimed at raising awareness of and taking action on all aspects of sustainability and providing support where needed.</p> <p>MM asked when the Green Plan was expected to be published and whether there was a way in which Board colleagues could contribute to the plan. JH said it was likely to be published towards the end of the year and it was the intention to involve Board colleagues as it was important to collectively commit to the plan. JH suggested this may be a discussion for a future Board Development session.</p> <p>MHu asked if heat loss calculations are undertaken within the Trust estate and whether we are aware of deficiency of different parts of the estate. MHol replied that the Trust has worked heavily over the last 10-15 years in this and has invested in a Building Energy Management System which maps the data. The Trust has a heat decarbonisation plan and we are working to develop the net zero plan as well as a road map however the cost to achieve net zero looks like £150m which gives an indication of the challenge. Work is being undertaken in stages to achieve the long term plan to achieve the net zero targets.</p> <p>MHu asked whether alternative ways of heating the estate are being considered i.e. heat pumps. MHol explained that calculations to achieve alternative heat methods are being made within the road map.</p> <p>MHu referred to inhaler use and procurement of these and highlighted that the national NHS Green strategy in relation to net zero recognises that 3% of the NHS impact on the environment is from the carbon from inhalers and there is a push within primary care to move patients away from these inhalers to environmentally friendly inhalers which are more expensive. MHu asked whether the Trust</p>	

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	<p>offers the facility to recycle inhalers and also asked if the Trust strategy in relation to procurement and prescribing of inhalers is in line with the NHS strategy.</p> <p>AS asked whether the Trust has considered offering paperless pay slips rather than receiving them in the post and offering staff incentives to take up a paperless facility. It was confirmed that many staff already take advantage of this opportunity to view their statements online.</p> <p>The points raised were noted and it was agreed that this would be discussed further at a future Board Development session.</p> <p>The Board noted the report.</p>	<p>Director of Strategy and Integration / Associate Director of Corporate Governance/Board Secretary</p>
Bo.1.23.9	<p>Shipley Hospital Update</p> <p>JH introduced the item and explained that the paper outlines the current position in relation to Shipley Hospital which is part of the Trust community estate. JH welcomed Helen Farmer, Act as One Director (HF) to present the paper.</p> <p>HF provided an overview of the report and explained that Shipley Hospital which is based in North Bradford is a large, converted house which was previously a maternity home and a community hospital. Following the relocation of radiology services and an outpatient clinic back to the main hospital site during the Covid-19 pandemic the only service occupying the building currently is community and outpatient physiotherapy services on the ground floor. The paper outlines the proposed intentions in relation to a public consultation, and is based on an independent review of previous engagement activity in relation to Shipley Hospital. It has been commissioned by the Bradford District and Craven Health and Care Partnership and delivered by an independent agency called Stand.</p> <p>The independent review and its recommendations will support the restarting of involvement activities in relation to Shipley Hospital. The previous involvement activities were paused in March 2020 as our health and care system responded to Covid-19. The report reflects and recognises the period of time that has passed as a direct consequence of the Covid-19 global pandemic and the need to involve people before a final decision is made on any proposals.</p> <p>HF advised that a six week consultation will take place in early 2023 which will focus on the move of physiotherapy services provided by the Trust that are currently delivered from the Shipley Hospital site. The consultation is asking people which site the service should be delivered from in the future as Shipley Hospital is no longer a viable option due to the age and condition of the building. The consultation will be open to all residents across the place served by Bradford District and Craven Health and Care Partnership and a variety of opportunities will be offered for people to share their views.</p>	

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	<p>HF confirmed the intention that outpatient physiotherapy would relocate to Eccleshill where this service is already being provided in addition to clinics from GP practices across the district in line with patient demand. HF advised that the paper covers the arrangements for community physiotherapy.</p> <p>HF explained that a citizens' panel is being recruited to provide an independent assessment of the feasibility study undertaken to date and help determine if Westbourne Green, the Trust's preferred location for the community physiotherapy services, is the most appropriate location for these services. The consultation process will be overseen and assured by members of the Bradford District and Craven HCP Board and reported to the NHS West Yorkshire ICB. Members will be offered the opportunity to visit both Shipley Hospital and the current preferred site, Westbourne Green. The timescale for the full review to be complete is within 6-9 months.</p> <p>MHu asked whether consideration has been given to adding a monumental feature to the Shipley Hospital site to ensure its historical significance is maintained in the future as this may provide the community with an ongoing connection to its history. HF explained that it would depend on who the estate is purchased by but it is certainly something that could be put forward for consideration but unfortunately this cannot be stipulated as a condition.</p> <p>The Board noted the report.</p>	
Bo.1.23.10	<p>Bradford Anti-Poverty Strategy</p> <p>JH provided an overview of the report and invited the Board to note the City of Bradford Metropolitan District Council Anti-Poverty Strategy published in November 2022 and to formally commit to support the strategy.</p> <p>MM wished to acknowledge the work of PC talking to NEDs about anti-poverty initiatives in relation to the Trust workforce.</p> <p>The Board noted the report and committed to support the strategy.</p>	
Section 4b: Quality and Patient Safety		
Bo.1.23.11	<p>Report from the Chair of the Quality & Patient Safety Academy – November & December 2022</p> <p>MHu provided an overview of the report from the Quality and Patient Safety Academy (QPSA) in November and made the following key points:</p> <ul style="list-style-type: none"> This meeting was the second in the revised format of the Academy meetings where alternate meetings focus on Assurance in one month and Learning and Improvement in the following month. The meeting held in November focussed on Learning and Improvement. 	

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	<ul style="list-style-type: none"> • In terms of the Patient Safety Incident Response Framework (PSIRF) the Academy recognised the intrinsic link between health inequalities and quality and a good discussion took place in relation to how the overall Trust strategy of addressing inequality and the Equality, Diversity & Inclusion (EDI) Strategy are connected. • The Academy received the Quality Account: Improvement Priorities Progress Update and a discussion took place in relation to the metrics particularly focusing on perceived outliers. A detailed discussion took place with regard to the Cerner EPR algorithm and the data presented with regard to sepsis screening. • The Academy noted the actions underway to seek to address the broader issue with regard to incorporating the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form into EPR to enable a person's wishes to be considered by all parties involved in their care. • The Academy spent a considerable amount of time discussing Maternity and Neonatal services and received assurance in relation to how learning is taken immediately from serious incidents rather than waiting for the official investigation to be completed. • Comprehensive reports were received in relation to Learning from Deaths, Mortality Review and Medical Examiner Service. The Academy sought confirmation on the Trust's performance in this area and it was confirmed that the results were comparable with those from other hospitals across the region. • High Level Risks were discussed in detail and the Academy was assured that all relevant key risks have been identified, reported to the Academy, and were being managed appropriately. • The Academy agreed to extend the meeting time for its Learning and Improvement meetings from two hours to two and a half hours to allow adequate time for discussions. <p>JHi provided an overview of the report from the Quality and Patient Safety Academy (QPSA) in December 2022 and explained that this was the third of the new style meetings where alternate months would cover assurance, or learning and improvement. The December meeting covered assurance and was a good opportunity to receive detailed updates as referred to within the report and in particular JHi was pleased to see the improvements being made within the Maternity and Neonatal Services.</p> <p>The reports were noted by the Board.</p>	
Bo.1.23.12a	<p>Maternity & Neonatal Services Update – November 2022</p> <p>KD introduced the item and invited SH to present the report. SH wished to use the opportunity to mention the HSJ article that featured in the Embrace report in November 2022 which highlighted Bradford's data in relation to stillbirths. SH wished to provide assurance that the data referred to within the article is from 2020 and as the Board is aware a lot of work has been undertaken since 2020</p>	

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	<p>to improve this area. SH advised that the Embrace report was discussed at the Core Governance meetings and stillbirths remain high on the agenda. An update will be provided to the March Board meeting to show the end of year position in relation to stillbirths.</p> <p>SH moved onto the November and December updates and explained that updates for both months have been consolidated into one presentation. The presentation also covers agenda item Bo.1.23.12c, Maternity Incentive Scheme (MIS) Year 4.</p> <p>SH provided a thorough update as detailed within the presentation and the following key points were highlighted in particular:</p> <ul style="list-style-type: none"> • Appendices 2, 3 and 4 of the report demonstrate the neonatal medical and nursing action plans and the supporting review paper required to demonstrate compliance with safety action 4 of the Maternity Incentive Scheme, Year 4. SH confirmed that the papers were approved at the November People's Academy meeting. • 90% of all staff groups completed PROMPT and Neonatal Life Support training by the 4 December, meeting compliance with Safety Action 8 of the Maternity Incentive Scheme, Year 4. • SH referred to the obstetric attendance audits required to demonstrate compliance with Safety Action 4 of the Maternity Incentive Scheme (MIS) for Year 4. • SH asked the Board to note Appendix 5, quarterly Perinatal Mortality Review Tool report which is required to demonstrate compliance with Safety Action 1 of the MIS. • SH asked the Board to note the maternity dashboard and explained that there have been two incidences where 1:1 care in labour fell below 90%. Co-ordinators have resumed data validation and this has been updated on the action plan for MIS. • It is now Year 4 of the Clinical Negligence Scheme for Trusts (CNST) MIS. The scheme is intended to support the delivery of safer maternity care in all acute Trusts. SH reported that the Trust has declared full compliance with the scheme in the previous three years and year four has had a number of pauses and a delayed submission date in acknowledgement of the ongoing challenges post pandemic during late 2021/22. SH advised that the Board Declaration Form must be signed by the Chief Executive and the Accountable Lead for commissioning maternity services at the ICS, and submitted no later than 12 noon on Thursday 2 February 2023. • SH talked through the Board reporting process which would allow the Trust to achieve a compliant position as detailed within the presentation. • The Maternity Service believes that the standards for each of the ten safety actions have been met, subject to the Board acknowledging and approving the final reports included within the November and December update papers and acknowledging and approving the audits and action plans for Saving Babies' Lives. These are included as appendices to the MIS annual paper. The Board is also asked to note that, subject to Safety Action 1 being 	

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	<p>compliant, the Board submission paper includes the mitigation narrative regarding the baby where surveillance information was not completed within four weeks of death.</p> <p>MM referred to the Governor and NED session in relation to Maternity which is taking place on Tuesday 24 January and thanked SH and KD for facilitating this.</p> <p>The update was noted and the Board approved the next steps as detailed within the presentation.</p> <p>In relation to the Maternity Incentive Scheme Year 4, the Board agreed that the Director of Quality and Nursing for Bradford District and Craven Health and Care Partnership would provide the signature as the AO for the ICS; and supported the recommendation that compliance with the 10 safety actions of the year 4 scheme can be declared.</p>	
Bo.1.23.12b	<p>Maternity & Neonatal Services Update – December 2022</p> <p>Covered at agenda item Bo.1.23.12a.</p>	
Bo.1.23.12c	<p>Maternity Incentive Scheme Year 4</p> <p>Covered at agenda item Bo.1.23.12a.</p>	
Bo.1.23.13	<p>COVID-19 Vaccination Programme</p> <p>KD provided a verbal update and reported that the Winter Covid-19 vaccination programme is being closed down within the next few weeks. Vaccine take up within the community has reduced dramatically across all areas of the region however, the Trust is delivering more vaccinations (in the weeks post-Christmas) than any other part of West Yorkshire. In the first week of January 1500 vaccines were delivered compared to 200-300 being delivered elsewhere. This is likely due to the fact that a good number of pop-up clinics have been available in various locations. However, each of the clinics has received a small amount of uptake. A meeting is due to take place in the next two weeks to discuss decommissioning of the existing clinics and moving onto a 'business as usual' model. A paper is in development for discussion and approval by the Place leadership executive in relation to this. KD reported that a further full vaccination campaign is not expected to take place before the Autumn unless there is a significant surge of Covid-19 and a national directive is given to deliver vaccinations.</p> <p>PC provided an update in relation to staff vaccinations and reported that the national data shows 44.5% of Trust staff have received a booster compared to 50.2% nationally. The offer of vaccinations has continued by way of pop-up clinics, mobile clinics and the drop-in at the hospital concourse however uptake is very small. Flu vaccinations take up is slightly better at 49.1%. A lot of effort has</p>	

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	<p>been put into encouraging staff vaccination take up this year but the uptake has not been very good and this is consistent across Bradford Place.</p> <p>MM asked if there is any data in relation to staff that have had no vaccinations at all for Covid-19 and PC advised that this data was not available.</p> <p>The Board noted the update.</p>	
Bo.1.23.14	<p>Research Activity in the Trust</p> <p>RS provided an overview of the report which describes some of the main areas of work and progress over the last few months including Applied Health Research Activity, Clinical Research Activity and Research Engagement and CQC. The report highlights the importance of research activity for healthcare and treatment improvement.</p> <p>RS reported that the new Research Strategy is due to be launched imminently and this is now closely aligned to the wider Trust strategy.</p> <p>RS advised that the City of Research and Place based Research As One offering continues to be developed and there will be a focussed discussion on research at the next Board Development Session in February.</p> <p>PR wished to make the Board aware of an opportunity that Bradford Institute for Health Research (BIHR) colleagues are engaged in the Sub National Secure Data Environment (SNSDE). There was an initiative a few years ago called the Yorkshire and Humber Care Record which was a nationally supported investment in relation to direct care and access to information at the point of care regardless of source. The principle was to understand the potency of data in relation to research and life sciences but it did not secure an element of investment and focus. However, NHSE have now re-engaged nationally to advise that there is funding available to proliferate the SNSDE. BIHR submitted a proposal to national colleagues on behalf of the three Integrated Care Systems (ICSs) across Yorkshire at the end of November 2022. This resulted in securing non-recurrent revenue to collate an outline business case and full business case on very short timescales. Work has commenced to develop the business case with support from the Finance team. This could prove to be a very significant investment opportunity due to the amount of money available which is up to £10m over subsequent years but it is a very complex undertaking with involvement from various partners. It was important to ensure that the Board is appraised soon in terms of the next stage and it was agreed that further detail is provided at an upcoming Board Development Session.</p> <p>RS advised that Tom Lawton, Consultant Critical Care &</p>	

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	<p>Anaesthesia & Head of Clinical Artificial Intelligence was happy to talk to Board colleagues in relation to the SNSDE. There is also some research in relation to the evaluation of the Command Centre which shows promising data which Tom is happy to present.</p> <p>MHu commented that he was keen to see the connection of the work of the Improvement Academy and that of the Quality and Patient Safety Academy research work.</p> <p>RS was pleased to announce that a second robot has been launched for cancer surgery and this is very exciting for the Trust – it is a big investment and puts Bradford at the forefront of new surgical techniques. There has been some positive interest from national media including the BBC and ITV.</p> <p>The Board noted the report.</p>	
Section 4c: People		
Bo.1.23.15	<p>Report from the Chair of the People Academy – November 2022</p> <p>KW provided an overview of the report from the People Academy in November 2022 highlighting the following:</p> <ul style="list-style-type: none"> • Dr Sudeepthi Kakara, Consultant Obstetrician and Gynaecologist joined the Academy to discuss the Obstetrics and Gynaecology Doctors Concerns. Some of the issues raised related to rota design, the ability to take study leave, workload and lack of consultant-led antenatal ward rounds of high risk. A good discussion was held and it was reiterated that Junior Doctors were not allocated places based on how busy a Trust was, but where it was deemed necessary for them to undergo their placement for the benefit of their training. • A detailed discussion was held in relation to the MIS Year 4 – Safety Action 4: Neonatal Staffing. Assurance was provided that at the time of the meeting there were no staffing issues within the Neonatal Unit. • The People Academy Dashboard was reviewed and it was noted that the contacts with the advocacy service had reduced slightly during the previous six-month period, however, 58% of those that had contacted the service, had seen their issues resolved informally. • The number of formal bullying and harassment cases had remained static over the previous six-months and were at lower levels than pre-pandemic. Of the eight cases that were complete during the period, 90% of the outcomes were 'no case to answer'. Work has commenced to review the cases to identify the evidence utilised to draw the final conclusion. • The Academy discussed the data in relation to workforce figures and in particular the ethnic minority staff workforce data as detailed within the report. • The Academy was advised of the rolling twelve month sickness absence rate at the end of October 2022 which was 7.15% 	

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	<p>compared to 7.19% in September 2022.</p> <ul style="list-style-type: none"> • A review of the risks was undertaken and there were nine high level risks relating to the People Academy. Details of these have been included within the report. The Academy was assured that all relevant key risks were being managed and mitigated appropriately. • The Academy reviewed the work plan and key changes were agreed as detailed within the report. • A detailed overview was provided in relation to Industrial Action and Winter Planning. <p>PC shared some good news with the Board and reported that national funding was going to continue for a second year for the People Promise Exemplar Sites which means that the People Promise Manager post undertaken by Carly Wilson can continue for a further year. The post has demonstrated some positive outcomes in relation to employee experience and retention so this was positive news for the Trust.</p> <p>The Board noted the report.</p>	
Bo.1.23.16	<p>Strategic Equality & Diversity Council (EDC) Update</p> <p>JH presented the item on behalf of MP and reminded the Board that the Equality and Diversity Council (EDC) which is chaired by MP meets quarterly and has a remit for both workforce and wider health inequalities in the district. The report provides an update on the key highlights from the last meeting which was held on 8 December 2022. The meeting focussed on the progress and achievements of the Staff Equality Networks and provided an opportunity for engagement and feedback around the ongoing development of the draft Trust wide Equality, Diversity and Inclusion (EDI) strategy which will be presented to the Board at the March meeting.</p> <p>The Board noted the report and supported the areas of work of the EDC.</p>	
Bo.1.23.17	<p>Nurse Staffing Review</p> <p>KD presented the report and associated appendices and made reference to the following key points:</p> <ul style="list-style-type: none"> • The establishment review paper focused on two areas – acuity and dependency and business case development. KD explained that the slides describe the detail where there has been a recommendation for change in patient acuity or dependency. The areas identifying a requirement to produce a business case will be done in line with the Trust process outside of the Nursing establishment review. • KD provided an overview of the summary of beds in line with the winter plans and compared this to the summary of beds from September 2021 which shows considerably more beds and 	

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	<p>wards are open now compared to January 2020 and September 2021. This is mainly due to the reconfigurations that have been undertaken, the elective surgical wards and the additional developments that have been funded and put in place.</p> <ul style="list-style-type: none"> • KD talked through the detail within the presentation in relation to various wards and the rationale of the bed and staffing numbers. • There are a number of areas that require business case development to support the review and recommendations for the nurse staffing in line with other staffing groups, patient pathways and detail of the service development and these will go through the business planning cycle. • In summary KD explained there is an overall reduction in the cost of just over £300k. There has been an overall investment of just over £5m to the nursing workforce since summer 2021 in line with the recommendations from previous reviews and the changes resulting from Covid-19 and the site reconfiguration. <p>MM asked about the methodology of the review and asked if the workforce is involved in this. KD confirmed that every Ward Manager and Matron meet and report to the Directors of Nursing who provide feedback to KD and Deputy Chief Nurse. The professional judgement of staff is utilised as well as incidents, claims and acuity data which is triangulated and used with the decision process.</p> <p>JHi asked whether the review created new or further placement opportunities for nurses in training. KD explained that as part of the review the number of students is considered and whether this is consistent with other areas.</p> <p>MH referred to the appendix that highlights the reclassification of some of the respiratory beds which releases approximately £1.4m associated with Covid-19, however the Trust will be losing in excess of £7m as income from the Centre to support Covid-19. It was important to note this as detailed within the presentation there will be £1m worth of additional costs to support safer staffing and acuity and although a net position is highlighted there will be about £1m extra cost which is not supported by funding and needs to be considered when establishing the financial plan for 2023/24.</p> <p>The Board noted the report, received assurance and approved the recommendations as detailed within report.</p>	
Section 4d: Finance and Performance		
Bo.1.23.18	<p>Report from the Chair of the Finance and Performance Academy – November 2022</p> <p>JL provided an overview of the report from the Finance and Performance Academy in November 2022 and highlighted that the Academy reviewed October data, she would invite MH and SA to provide any further updates that the Board should be aware of. JL made the following key points:</p>	

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	<ul style="list-style-type: none"> • In terms of the Finance Improvement Plan it had been difficult for Clinical Service Units to identify opportunities for efficiencies, given the operational challenges. The transition into the 2023/24 financial year will be challenging with the expectation that the Trust will exit 2022/23 with an underlying monthly deficit run rate of £1m. • In terms of the Performance Improvement Plan the Academy was provided with a detailed update of performance against the Cancer indicators and Academy members were pleased to note the progress. In particular it was pleasing to see the report highlight how teams are working together across different departments to deliver improvements which enable good performance being maintained for cancer indicators. As highlighted earlier in the Chief Executive update the Trust has very strong levels of performance despite the operational challenges being faced. • The Academy received a detailed Treasury Management update which highlighted that the Trust reported a cash position of £83m for October 2022 which was £17.9m above plan. An updated Treasury Management Policy was approved by the Academy. The revisions included details which enabled investments over longer periods and to ensure adequate governance arrangements were in place to support a more active approach to investing surplus cash. The Academy thanked the good work of the Treasury Management team. • The Academy received details of Service Development Post Implementation Reviews and was provided with the outcome of these and it was useful to see how the benefits are captured. • High level risks relevant to the Academy were reviewed to ensure they are being managed appropriately. The risk in relation to the 2023/24 financial risk was discussed and it was advised that the medium term risk relating to the financial outlook for 2023/24 would be included in the Board Assurance Framework (BAF). <p>MH reported that in November the Academy meeting looked at the October position, however, the papers presented to the Board meeting today cover the November position which is not very different to that reported by JL. The Academy meeting taking place the following week will cover the position for Month 9 where a deterioration has been noted on the run rate but it was a planned and expected deterioration in line with the forecast to still enable the Trust to deliver a break even position.</p> <p>SA wished to highlight the hard work of clinical and non-clinical teams over the Christmas and New Year period given the pressures colleagues have been experiencing as outlined in the media nationally. Pressures have included a significant spike in influenza admissions which resulted in the Trust having approximately 20% of the bed base occupied by patients who had flu or Covid-19. Despite the winter pressures the Trust managed to maintain a relatively good position in comparison to other organisations both within West Yorkshire Association of Acute Trusts (WYAAT) regionally and also</p>	

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	<p>nationally. SA was grateful for the tremendous work that goes on across the organisation to maintain safe patient care. In addition to the winter pressures the Trust was faced with industrial action during December when two Royal College of Nursing (RCN) strikes took place on 15 and 20 December 2022. SA, KD and PC's team have been engaging regularly with RCN regional representatives and there is very good rapport with teams both internally but also regionally. In addition to this the Trust has been responding and planning for the Yorkshire Ambulance strikes and a huge amount of work has been undertaken in terms of responding directly to patient demand as well planning for the strike action.</p> <p>MM referred to a new risk on the high level risk register relating to Obstetrics and Gynaecology and the significant burden of sessions being delivered in addition to planned activity. RS explained that this risk has been added following an accumulation of issues over a period of time. This is a very busy specialty involving a lot of scrutiny and is very governance heavy. The specialty requires varied use of consultant time for roles that are undertaken which take them away from clinical duties at times as it is a necessity. RS explained that an attempt has been made to change the obstetrics and acute gynaecology rotas to enable the two rotas to run separately. RS advised that recruitment is currently underway and one individual has been recruited since the time of the escalation which has resulted in an improvement in the position and the score which was 20 initially had now been reduced to 16. RS assured that Executive colleagues are fully cited on the risk and are working with the team to ensure strong support and scrutiny to help mitigate the risk.</p> <p>The Board noted the report.</p>	
Section 4e: Partnerships		
Bo.1.23.19	<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 explained that the dashboard is the same as the one presented in November and apologised that it had not been updated which was an oversight. JH advised that despite this the dashboard is not incorrect and there are no significant omissions however JH wished to bring the Board up to date on some items.</p> <p>In terms of reducing health inequalities, an EDI strategy is being developed for the Trust which will include a discrete component relating to health inequalities. A lot of the work in relation to reducing health inequalities is collaborative through the reducing inequality alliance for the Bradford district but this EDI strategy document will enable the Trust to set out some of the specific work being done here.</p>	

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	<p>In terms of Act as One and Place, the Trust continues to work closely with Airedale Trust as the neighbouring Acute Trust in relation to a number of specialties and pathways. JH reported that RS is leading on some improvement work on Haematology with Stuart Shaw, Director of Strategy at Airedale NHS Foundation Trust (AFT) and JH is leading on improvement work on Stroke with David Crampsey who is the Chief Medical Officer at AFT. The plan is to go through the pathway, meet the teams and address any issues as required. A NED from each Trust will also participate in this improvement work.</p> <p>In terms of ICB and WYAAT, a planning exercise is underway to address the legal requirement of the Act that was passed in 2022 for a joint forward plan (JFP). This is a five year narrative view that accompanies the operational plans that all 42 ICBs across the country need to produce. The idea is to have a forward plan which is updated annually to ensure an ongoing “rolling” five year forward view. The Trust will be working with partners across Bradford District to develop a joint forward plan for the Place. The plan needs to include a narrative behind the numbers in relation to activity, workforce and spend. The narrative for the Trust will feed through to the West Yorkshire view and JH has had a discussion with Ian Holmes and colleagues at the West Yorkshire HCP and they are very clear that the principle of subsidiarity applies and they would like narratives from the five Places to feed through to a collated joint forward plan. JH explained that one of the aspects which will inform the joint forward plan is the clinical strategy for West Yorkshire which has been in discussion for quite some time. Lucy Cole, Programme Director for WYAAT will be joining the Board Development session in February to provide an update on that piece of work. JH said it would be helpful to keep these things in mind when considering the planning exercise for 2023/24 as alongside that will be the five year long review and that will be formed by the WYAAT Clinical Strategy.</p> <p>JH attended the most recent Wellbeing Board for Bradford District and one of the items for discussion was the Bradford District Anti-Poverty Strategy. A discussion was held about the cost of living crisis being faced by the nation and the practical things that can be done by the Council, the University, the Care Trust and the voluntary and community sector to help people during what is a very difficult time financially. The Trust has implemented some measures to support our people; one example of this is the £2 meal deals at the Lifestyle Café.</p> <p>The Board was assured by the update.</p>	
Section 4f: Audit & Assurance		
Bo.1.23.20	<p>Board Assurance Framework & High Level Risks</p> <p>LP introduced the item and asked the Board to note that at its meetings in November and December, 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</p>	

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	<p>their review date. These were subsequently presented and reviewed by the Academies virtually in late December/early January.</p> <p>LP wished to highlight the following items from the BAF (Appendix 1) for the attention of the Board:</p> <ul style="list-style-type: none"> • 1.3: If we fail to maintain and develop our care environment, then we may not be able to deliver modern, outstanding care for our patients, resulting in poor patient experience and outcomes and limited ability to deliver services. LP advised that this risk has increased to 12 which is reflective of the ongoing demand and pressures which are being experienced which some of the Trust estate is not designed for. • 2a.2: If we fail to manage Income & Expenditure within planned parameters, then we may have insufficient cash and liquidity resources to sustainably support the underlying Income & Expenditure run rate, resulting in an impact on operational decisions, and capital investment. LP advised that this risk has increased to 12 and is in line with the expectation of the medium term financial outlook which is going to be more challenging and due to that the assurance level for the objective has also reduced from Green to Amber. • 1.2: If we don't have the right staff in the right place with the right knowledge, skills and expertise, then we won't be able to deliver effective services, resulting in unsafe care, poor patient experience and outcomes. LP advised that the proposal is to close this risk as it overlaps with risk 3.1. The People Academy considered this proposal and JHi had queried whether the two risks do indeed overlap as risk 1.2 goes beyond recruitment and there is a need for an effective training needs analysis and ensuring that staff are trained in new ways of working. LP advised that risk 4.1 does relate to training but that is more focussed on trainees rather than substantive employees. Based on this the Board is asked to consider the proposal of closure of risk 1.2. BS said that keeping both risks open was not an issue and suggested that the Quality Academy give it further thought and come to a conclusion. RS considered possibly modifying one of the risks to capture the essence of both as the mitigation of both risks will be the same. LP advised that if the risks were to be consolidated it can be aligned to both objectives i.e. outstanding patient care and people and therefore come under both associated Academies. Following a discussion the Board agreed to consolidate both the risks and LP/JH to address the best way to reflect this within the risk register. <p>In terms of the open operational risks LP explained there was nothing in particular to highlight other than the Obstetrics and Gynaecology risk which was discussed earlier in the meeting and one risk which has been closed in relation to the Gastroenterology Stack System which has now been replaced.</p> <p>The Board confirmed it was assured that all risks on the High Level Risk Register and BAF are appropriately recognised and recorded,</p>	

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	and that all appropriate actions are being taken within appropriate timescales where risks require further mitigation.	
Bo.1.23.21	<p>Bradford Hospitals' Charity – Case for Change</p> <p>JH presented the item and advised that the paper is asking the Board to consider a case for change in relation to Bradford Hospitals' Charity (BHC) and to approve the proposal to formally investigate the option of converting BHC to an Independent Hospital Charity.</p> <p>The Charitable Funds Committee supported the recruitment of additional staff to support the Charity, with the aim of growing income as well as leading the ambitious Neo-Natal Unit (NNU) appeal. To that end Sharon Milner was appointed as the Charity Director and has been in post since early November. Since being in post, the Charity Director has quickly determined that many of the obstacles that are currently preventing the Charity from growing could be overcome if it converted to an Independent Hospital Charity, separate to the Trust, as opposed to the current Corporate Trustee model. The initial case for change has been developed (Appendix 1) and this outlines some of the issues which are being encountered due to the current Corporate Trustee model, and the potential advantages and disadvantages associated with becoming an Independent Hospital Charity.</p> <p>It was important to be mindful that there will be costs associated with the investigation stage, principally legal costs, which will need to be approved in line with the Charity's scheme of delegation, once confirmed. It was also important to note that work will need to be undertaken with current employees as there will be potential TUPE implications and therefore engagement will be key.</p> <p>MM confirmed that the case was considered by the Charitable Funds Committee on 12 January, and there was unanimous support for proceeding with the investigation stage.</p> <p>The Board approved the proposal to formally investigate the option of converting BHC to an Independent Hospital Charity (stage 1 of the process outlined on Appendix A of the case for change).</p>	
Section 5: Governance		
Bo.1.23.22	<p>NHS Code of Governance and Guidance on Good Governance & Collaboration</p> <p>LP provided an overview of the report and explained there are three documents which underpin the NHS Provider Licence which were published towards the end of October 2022 by NHS England (NHSE). These are as follows:</p> <ul style="list-style-type: none"> • Code of Governance for NHS Provider Trusts (updated) • Guidance on Good Governance and Collaboration (new) • Addendum to 'Your statutory Duties - Reference Guide for NHS 	

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	<p>Foundation Trust Governors which covers 'system working and collaboration: role of foundation trust councils of governors' (new)</p> <p>LP talked through the key changes as well as an overview of the new documents. The updated version of the Code will apply from April 2023 therefore this year's annual report will report against the previous version.</p> <p>LP referred to the three appendices which cover the role of the Trust Secretary, provisions relating to the Councils of Governors (for foundation trusts only), and the regulatory requirements related to the Code and Provider Licence.</p> <p>LP asked the Board to note that for 2022/23, the current template will be used as in previous years to assess compliance against the previous Code of Governance.</p> <p>LP advised that from 2023/24, reporting will be against the updated Code. The full list of principles and provisions were outlined in Appendix 1, and any new or amended provisions were highlighted in green, amber or red to indicate whether we are currently fully, partially or non-compliant.</p> <p>An action plan was attached at Appendix 2, outlining proposed actions to address areas of partial compliance.</p> <p>The Trust is non-compliant with one provision, relating to aligning NED pay with the national remuneration structure. The national structure has been considered by the Governors Nomination and Remuneration Committee (NRC) and the Council of Governors in their decisions on remuneration and they have outlined their reasons for non-compliance. This will be considered again when NED pay is next reviewed in 2023.</p> <p>MM referred to LP's earlier declaration in relation to the appointment of the Company Secretary and how the appointment is made and confirmed he was content for LP to remain present for the remaining discussion.</p> <p>PC confirmed she will be presenting a paper to the February meeting of the Board Nominations and Remuneration Committee on the issues that affect Executive Director appointments and contracts. The proposed position in respect of the Company Secretary for which LP has made a declaration of interest will also be covered within the paper for NED colleagues to consider.</p> <p>The Board noted and approved the recommendations detailed within the paper.</p>	
Bo.1.23.23	<p>Nominations and Remuneration Committee Terms of Reference</p> <p>MM explained that the terms of reference for all Board committees are reviewed on an annual basis to ensure that they remain relevant</p>	

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	<p>and up to date. The NRC terms of reference have been reviewed and one minor amendment is proposed, to change a reference from 'NHSI' to 'HM Treasury'.</p> <p>The Board approved the amended NRC terms of reference as attached at Appendix 1 to the paper.</p>	
Bo.1.23.24	<p>Corporate Strategy – Board Reporting Arrangements</p> <p>JH provided an overview of the report, and reminded the Board that at its meeting on 10 November 2022, the Board received an update on tracking progress against the strategic commitments in the Corporate Strategy. It was agreed that this issue should be considered further at the Board Development Session on 8 December. At the Development Session, each of the Executive Directors provided an overview of their portfolios, linked to the '4 Ps' in the Strategy (Patients, People, Place and Partners) to illustrate how the Strategy was being implemented and the explicit alignment of roles and responsibilities.</p> <p>JH summarised the paper and provided an overview of what the Board wants to achieve, the level of detail, the Academy work plans, agendas, and chairs' reports, alignment of language in dashboards and other reporting tools, further development of dashboards and the overall stocktake. JH requested that the Board agrees an approach to strategy reporting based on the considerations detailed within the paper.</p> <p>JL supported the suggestion of allowing this arrangement to develop and strengthen over time as she recognised this was work in progress and improvements can be made. The current amount of reporting has resulted in a high number of reports to the Board which can be overwhelming but the Board can make this smarter which JL felt all Academy Chairs are committed to doing to ensure it is linked to the Board effectiveness review. JL supported the idea of an annual stocktake as this would provide an opportunity to review progress annually. In terms of the optimal level of detail JL was supportive of the proposal of 18 commitments rather than 51 key areas.</p> <p>KW was also supportive of the detail of 18 commitments as opposed to 51 key areas. KW felt that the alignment of language helps the Academy reports as this links well to the metrics and helps identify gaps. KW also supported an annual stocktake.</p> <p>BS was also in favour of receiving high level information therefore supported the detail of 18 commitments verses 51 key areas. BS would like to understand how the commitment and the key areas map to Executive Director responsibilities and if the key area is owned by more than one Executive Director then BS would appreciate updates at appropriate frequencies from each Executive Director. In terms of the Academies, BS would like assurance that all topics are allocated to one or more Academies to ensure full</p>	

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	<p>coverage but frequency of reporting may be variable as this would depend on the pace of progress that is intended to be made on individual key areas or commitments.</p> <p>MM summarised the general agreement that Academy work plans, agendas and Chairs' reports will cross reference to the strategy/logic model and a section of the Academy Chairs' reports will record which of the 18 strategic commitments have been addressed in the most recent meeting and work plans will cover the full strategy over a reporting cycle. It was recognised that this arrangement was work in progress and needed the opportunity to develop and strengthen over time and therefore be reviewed annually. MM was keen to ensure that cross referencing to the strategy/logic model within the Chair's report was not just a "copy and paste" but would refer to the details of the corporate strategy issues discussed.</p> <p>In terms of the recommendations detailed within the report in relation to the dashboards JH felt the Board should consider that rather than developing an entirely new set of reports, work should be undertaken to align the language and terminology used in the different Board reporting tools with the strategic commitments in order to improve line of sight and accountability. In the medium term the dashboard could be reviewed to examine the potential for a more comprehensive alignment with the language. MM referred to the second recommendation and the reference to include Red, Amber and Green (RAG) ratings and trajectories to show progress against strategic commitments. MM felt this was a very important contextual matter that helps when determining assurance.</p> <p>MM referred colleagues to the following potential dashboard development recommendations and wished to seek views:</p> <ul style="list-style-type: none"> i) Moving to focused Dashboards, one for each of the Academies. ii) Presenting information in a more visual and dynamic format, perhaps by using Power BI to generate a set of automated reports. iii) A database which any Board member could interrogate to obtain "real time" information tracking the progress of the Trust's strategic commitments. <p>PR wished to emphasise the difference of scale and requirements between ii and iii. PR agreed that representing data through infographics that are intuitive is a good thing to do as is representing this in the context of trend analysis. However it was important for the Board to note that it is a step change between ii and iii which would require significant time, effort and resource to achieve. MM asked PR if he was supportive of principle ii and PR said he was.</p> <p>AS reflected that the RAG rating is a good way for the Board to recognise areas of concern but it was important not to over-reach. It was important to start with the basics and build on this to make it a more complex and dynamic dashboard. AS supported visualisation insights over just data reports.</p>	

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	<p>BS referred to real time access of information and felt that if a database were available, then for each commitment and key area there should be a deemed frequency of reporting and a commitment from the Executive Director(s) to update the database, for example, maybe within a month of the three month period.</p> <p>JL supported recommendation ii and felt that we need to be careful not to have more than one dashboard and supported the reporting from many dashboards into one and the annual review of this.</p> <p>KW's preference would be for one dashboard which covers all the strategic commitments which are focussed on People, Place, Partners and People with feedback from individual current dashboards into one strategic dashboard. KW also supported recommendation ii.</p> <p>The Board agreed not to pursue with the focused Dashboards for each of the Academies but rather to continue to present information in a single dashboard but in a more visual and dynamic format. It was however recognised this would take time to develop. MM proposed that in terms of the 51 key areas it was important to have a named Executive Director identified for each. In terms of receiving a high level update it was agreed that an annual stocktake is undertaken. It was agreed that the first annual stocktake will review how Board colleagues feel about the Board reporting progress.</p>	
Section 6: Board Meeting Outcomes		
Bo.1.23.25	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.1.23.26	<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.1.23.26	<p>Date and Time of Next Meeting</p> <p>9 March 2023, 10am</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 19 January 2023

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	March 2023	A verbal briefing will be provided in response to this action. 19/01/23: JH confirmed there is a solution and he is confident this can be progressed but some testing needs to be undertaken. A further discussion will take place at Closed Board and this will be confirmed at the next Open Board meeting.
Bo23001	Bo.1.23.8	Green Plan – Update: A number of points were raised and noted to be discussed further at a future Board Development session.	Director of Strategy & Integration / Associate Director of Corporate Governance/Board Secretary	March 2023	27/02/23: Item added to Board Development plan for 12 October and open Board on 16 November 2023. <u>Action closed.</u>
Bo23002					