

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 9th March 2023, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 19th January 2023 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

Date:	Thursday 9 March 2023	Time:	10:00-14:40
Venue:	Microsoft Teams	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Mr Mohammed Hussain (MHu) - Ms Julie Lawreniuk (JL) - Ms Sughra Nazir (SN) - Mr Jon Prashar (JP) - Mr Altaf Sadique (AS) - Mr Barrie Senior (BAS) - Ms Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Mr Sajid Azeb, Chief Operating Officer (SA) - Professor Karen Dawber, Chief Nurse (KD) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) 		
In Attendance:	<ul style="list-style-type: none"> - Mr John Bolton, Deputy Chief Medical Officer & Medical Director (Ops) (JB) - 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) - Ms Katie Shepherd, Corporate Governance Manager (KS) - Mr Kez Hayat, Head of Equality, Diversity & Inclusion for item Bo.3.23.19 - Mr Andrew Mullan, Service Improvement Lead (AM) for item Bo.3.23.3 - Dr Nada Sabir, Clinical Director (Women's CSU) and Consultant in Obstetrics and Gynaecology (NS) for items Bo.3.23.14 and Bo.3.23.15 - Mr Carl Stephenson, Associate Director of Performance (CS) for item Bo.3.23.10 		
Observing:	<ul style="list-style-type: none"> - Mrs Aleksandra Atanaskovic – Governor - Ms Farideh Javid – Governor - Ms Ruth Dunlop – NED insight placement - Mr Mohammed Musa – Communications Officer 		

No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair's Opening Remarks</p> <p>MM welcomed all attendees to the meeting and thanked colleagues for their attendance. MM advised Board colleagues that today was PC's last meeting as she is due to retire at the end of the month. MM thanked PC for her contribution and commitment to the Trust during her tenure particularly as Director of Human Resources over recent years. PC's vast experience and knowledge has been invaluable and she will be missed by colleagues and friends at the Trust.</p> <p>MP wished to acknowledge PC's huge contribution over the years and MP personally appreciated the wisdom, guidance, support and discretion that PC has provided to MP. MP referred to the respect and admiration shown to PC by colleagues and particularly colleagues who moved from the Philippines who were closely supported by PC during their move to the UK to work for the Trust. PC will be hugely missed by many colleagues at the Trust.</p> <p>PC thanked MM and MP for their kind words and said that she has genuinely enjoyed working for the Trust and will miss her colleagues and friends who she has worked with over her 32 years at the Trust.</p> <p>MM thanked MP for advising him of the current situation regionally and nationally in relation to emergency planning and Junior Doctor industrial action arrangements and advised the Board that some colleagues will be leaving the meeting intermittently to join regional meetings as part of the planning for the upcoming industrial action.</p>	
Bo.3.23.1	<p>Apologies for Absence</p> <p>Apologies were received from Dr Ray Smith, Chief Medical Officer (RS) who was represented by Mr John Bolton, Deputy Chief Medical Officer & Medical Director (Ops) (JB)</p>	
Bo.3.23.2	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
Bo.3.23.3	<p>Patient Story</p> <p>KD wished to thank Stephen (patient) and Sarah (carer) for sharing their story with the Board (names have been changed to respect patient anonymity). KD explained that during the last twelve months Stephen has had several appointments and investigations at various sites across the Trust. The overall experience from tests through to diagnosis is that the care received and the dedication of the clinicians has been very good. However the challenges and negative experiences as alluded to within the patient story have been in relation to the administration systems, communication and physical access. One concern in particular is with regards to the appointment</p>	

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	<p>information that is provided digitally which not all patients will be confident or able to access for various reasons. In addition to this, information contained within appointment letters was inaccurate or out of date in relation to access to buildings and instructions.</p> <p>KD introduced Andrew Mullan, Service Improvement Lead (AM) who has implemented DrDoctor, an online patient portal allowing patients to access letters, information about appointments, maps, google calendar and the option to change or cancel appointments. AM explained that patients have the option of using this portal if they wish to access their letters and appointments via an online method rather than the traditional route of hardcopies in the post. AM explained that patients receive a notification via text message which directs them to the online portal to view their letter. However there is also a default option within the notification which provides the option to receive their letter in the post if that is their preference. If patients do not access the link or request for the letter to be posted then they will automatically receive the letter in the post three days after receiving the notification. Patients can also contact the Trust and advise that their preference is to receive letters in the post in which case they will not be sent the notification to access letters online.</p> <p>DrDoctor is a secure portal and has been popular since its implementation with 60% of letters viewed online over the last two years which is the equivalent of one million letters. The environmental and financial benefits are encouraging and the Trust has saved over £0.25m in the last two years and reduced Co2 emissions to the equivalent of 30 to 40 tonnes.</p> <p>KW observed that the negative patient experience in this story is in relation to lack of consistency across the areas of concern highlighted and although solutions are not easy to find it was important to recognise how the challenges they have faced impacted their experience. KW said it was important to walk in the patients shoes to experience what they do. KD advised that this is a principle which is already used i.e. when ward accreditation is undertaken a concept of 15 steps methodology is used. However due to services being developed over time this has made it a challenge but as new services are developed this methodology is used.</p> <p>MHu asked if any work has been done in relation to the characteristics of those patients who are unable to or do not wish to use the patient portal and how take up can be improved. AM explained this is something that is on the radar and will be looked at with various possible ways of encouraging digital take up.</p> <p>MHu asked if the DrDoctor portal can link with the Virtual Royal Infirmary (VRI) work and whether they can be connected. Also is there a single sign in (NHS login) that is being used across the Trust for patients such as DrDoctor and VRI.</p> <p>MHu referred to Wayfinder which is a national product which allows access to all appointments in one portal and asked if the Trust is taking part in the pilot scheme for this. AM explained that the Trust is</p>	

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	<p>not part of the initial pilot phase but it is something that will be considered in the future once the findings are available following the pilot being completed at other Trusts.</p> <p>KD proposed that a briefing session is organised for Governors and Non-Executive colleagues in relation to communication with patients and how to improve this for the benefit of all patients.</p> <p>PR concluded the discussion and advised that work is being done at Place level in relation to the digital inclusion agenda. PR wished to assure the Board that every appropriate opportunity at every level is explored in relation to the use of digital technology but this has to be prioritised and balanced with the needs of patients.</p> <p>MM thanked AM for the insight into DrDoctor and KD for sharing the story on behalf of the patient and carer.</p>	<p>Associate Director of Corporate Governance and Board Secretary</p>
Section 2: Business From Previous Board Meeting		
Bo.3.23.4	<p>Minutes of the Meeting held on 19 January 2023</p> <p>The minutes of the meeting held on 19 January 2023 were approved as a true and accurate record of the discussions and decisions.</p>	
Bo.3.23.5	<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>Bo22023 Bo.11.22.6 Report from the Chairman:</u> 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. JH explained that a solution was due to be tested today but due to the bad weather today's meeting is now virtual. The equipment will be tested at the next face to face meeting. <u>Action closed.</u> <u>Bo23001 Bo.1.23.8 Green Plan – Update:</u> A number of points were raised and noted to be discussed further at a future Board Development session. Item added to Board Development plan for 12 October and Open Board on 16 November 2023. <u>Action closed.</u> 	

Section 3: Business Reports		
Bo.3.23.6	<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"> MM advised the Board that John Bolton, Staff Governor Medical and Dental (JB) has tendered his resignation due to the pressures of combining his many different roles. MM thanked JB for the contributions he has made since he took on the role in May 2022 and wished him all the best for the future. JB thanked MM and said it was honour to serve as a Staff Governor and wished his successor, once appointed, all the best. MM advised options are being explored within the bounds of the Constitution to fill the role and the Board will be updated in due course. MM relayed his thanks to the NEDs, Governors and all colleagues that were involved with the recent sessions with the Outstanding Maternity Services and Quality Improvement teams as well as the site visits to the estates at Bradford Royal Infirmary (BRI) and St Luke's Hospital (SLH) and Bradford Institute of Health Research (BIHR). The sessions and visits were very well received and conducted, and offered the chance for stronger decision making and governance through the insights provided. JP wished to share an observation in relation to the site visit he attended at SLH and felt that the number of the people on the visit was low meaning that the staff who hosted the visit were taken away from front line patient care as the wards were fairly busy. JP recognised that the visits do add value to staff but wanted to be assured this was significant enough to justify a visit by a small number of people. JL shared this observation and reflected that the wards were busy but the staff that hosted the visit were very knowledgeable and welcoming. <p>The Board noted the report.</p>	
Bo.3.23.7	<p>Report from the Chief Executive</p> <p>MP presented the report which provides an overview in relation to patients, people, place and partners. MP wished to highlight two particular points from the report.</p> <p>The first is in relation to the joint NHS and DHSC Delivery Plan for Recovering Urgent and Emergency Care Services which was published on 30 January 2023. The plan relates to the operational pressures experienced by the NHS with demands for urgent care at levels not previously seen. The consequences of this have been well understood and have impacted every part of the system including access to primary care, waiting time for ambulances and long wait time for beds in hospitals. The primary drivers for this demand include an increase in Covid-19 rates alongside large numbers of patients displaying flu-like symptoms and children with respiratory symptoms. The comprehensive Delivery Plan has been formulated to plan and transform services in response to increasing</p>	

	<p>demand and the key pressure points faced by the NHS. The Trust is working across Bradford District and Craven Place to respond to the plan and will take this forward as part of the access workstream of the Act as One approach.</p> <p>The second point MP wished to highlight was in relation to industrial action. The last two months has seen strikes by the ambulance service and the Royal College of Nursing (RCN) which has impacted on the Trust, colleagues, patient experience and waiting times. Plans have been developed and implemented to mitigate the impact as much as possible. MP was pleased to note that the RCN strikes scheduled for the 1st to 3rd March were called off and hoped that national resolution will be reached to resolve the pay situation. However, MP asked the Board to note the announcement by the British Medical Association (BMA) in relation to junior doctor strike action taking place the following week. Planning for this upcoming strike action has focussed on the primary concern, which is the safety of patients, and the Trust has worked hard with clinical colleagues to ensure adequate cover is available to maintain safety. Consultants will undertake clinical duties usually undertaken by junior doctors and additional allied health professionals and nursing staff will support them in looking after patients. Full command and control will be in place internally as in previous strikes with Executive colleagues and operational staff joining touchpoint meetings with colleagues across the West Yorkshire Integrated Care Board (ICB) and with regional office throughout the day and up to 10:00pm each night. It is hoped that the Trust will be able to maintain a small number of planned operations for those patients with cancer and other conditions that require time critical procedures and operations. Unfortunately some appointments and procedures scheduled to occur during the strike period will be subject to cancellation and colleagues will be contacting affected patients over the coming days. MP wished to apologise on behalf of the Trust to these patients, many of whom have waited a long time for their appointments or their procedures and sincerely hoped and strongly urged that before Monday, both parties in this national dispute can agree to come to the table and negotiate to avoid the strike and its consequences.</p> <p>MHu referred to the recent 'landmark' race discrimination case won by Michelle Cox against NHS England (NHSE) and wished to seek assurance that lessons will be taken on board, in particular about the way grievances are handled. MP said it was clearly a very important case and one that would hopefully encourage more people to have the confidence to expose ill treatment by colleagues and speak up. MP advised that when the outcome of the tribunal was published steps were taken across West Yorkshire with the support of all the Place leads across West Yorkshire to reaffirm our commitment to root out racism as an ICB. The Trust also has a very important role to play in this and some of this will be referenced further in the meeting in relation to the Equality, Diversity & Inclusion (EDI) Strategy and through the work of the EDI Council. MP shared her vision for the Trust's staff networks to have their voices heard in a much more constructive way and believed that the Trust can go much further in understanding the vital role networks play in influencing decision making in the organisation by inviting</p>	
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	<p>individuals from the networks as a partner in the discussions that are held at a senior level.</p> <p>PC provided further assurance and reported that herself and the Deputy Director of HR, Faeem Lal, met with the HR Business Partners the previous day to review all current cases being investigated under the disciplinary or grievance procedure for harassment and bullying to determine if there may be an element of discrimination and whether the case was being managed appropriately or whether any of the decision making needs to be reconsidered.</p> <p>The Board noted the report.</p>	
Bo.3.23.8	<p>Impact of Industrial Action (Quality of Care/Finance and Performance/Staffing)</p> <p>KD introduced the item and referred to key points from the presentation and provided an overview in relation to the impact of the industrial action from a quality of care perspective. KD reported that although harms will have occurred during the period of industrial action, no harm was identified as a direct result of any industrial action and this was due to the level of command and control that was in place.</p> <p>SA referred to the Joint Decision Model as detailed within the presentation and explained that this effective tool was used to bring together lots of different information, reconcile different priorities and help make effective decisions. The tool was used as part of the Trust's emergency planning response during the industrial action. SA explained the working strategy and referred to the operational process that was in place throughout the industrial action. The Operational Response Plan has been reviewed and will remain as a live document to be used for any further strike action.</p> <p>PC provided a HR update and talked through the main highlights from the presentation and also provided an update on the communication strategy that was used throughout the period of industrial action.</p> <p>SA provided an overview of the impact on activity that the strike action has had and advised that a full analysis of the number of patients that were affected has been undertaken. December's position demonstrates that the Trust was able to maintain 80% plus of outpatient activity. However, a bigger impact was seen on theatre activity and this was due to the heavy reliance on the nursing workforce within the theatre environments.</p> <p>The Board noted the report.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Finance and Performance		
Bo.3.23.9	Report from the Chair of the Finance and Performance Academy	

	<p>– January & February 2023</p> <p>JL presented the item and explained that the February report is presented in the new style format as agreed at the Board development session. The new style reports are intended to be shorter and more concise with the intention of providing a feel of the meeting. JL suggested it would be helpful to review the new reporting style in due cause.</p> <p>JL reported that there were a lot of interesting items on the agenda of the February meeting but this led to the meeting feeling rushed as the Academy could easily have spent significant time on individual agenda items that provided good and interesting detail.</p> <p>JL commended the authors for the quality of the reports that are presented to the Academy and noted how they continually improve and strengthen. JL was pleased to see the improvement thread that comes through the reports which provide assurance, report against strategic priorities and demonstrate how risks are managed.</p> <p>JL referred to the monthly finance report which reported a consistent position of previous months. Although the Trust is on track to deliver this year's financial plan it was important to note that the inherent run rate was now deteriorating. This alongside the draft financial plan for 2023/24 demonstrates that the next financial year is going to be financially challenging.</p> <p>The Board was assured by the update.</p>	
<p>Bo.3.23.10</p>	<p>Health Inequalities & Waiting List Analysis</p> <p>MM reflected on the item and said that he was pleased to see the nature of the work that is being undertaken in relation to this subject. MM recognised that although solutions are not available immediately he was pleased to see that the Trust is seeking to understand where some of the gaps might be in order to help consider how they can be addressed. MM welcomed SA to introduce the item.</p> <p>SA thanked MM for his comments and agreed that the report demonstrates the fantastic insight and systematic approach used by Carl Stephenson (CS), Associate Director of Performance in collating the report alongside other colleagues. SA explained that the focus of the report is in relation to the waiting list analysis (Access) aspects of health inequalities. The operational plan for the next financial year is expected to tackle inequalities in relation to outcomes, experience and access and this report focuses on the access elements. SA reminded the Board of the update that was received earlier in the year and explained that the aim of today's report is to demonstrate the progress made. SA welcomed CS to present the item.</p> <p>CS provided a detailed update and talked through the presentation in relation to the waiting list analysis of health inequalities, with a focus on the access element of tackling inequalities. CS presented the progression of the initial findings and an insight into the practical steps taken around learning disabilities, both from identification of</p>	

	<p>patients onto our waiting list and the practical prioritisation of those patients. CS talked through the key findings of the analysis undertaken to date and advised that work will continue to refine how data is used to support equity of access and the relationship of this with health inequalities. Weekly monitoring of learning disability prioritisation will be strengthened further by including the data in weekly senior operational performance reports and work will continue with system partners to explore enhancing data with a particular focus on Did Not Attend (DNA) reduction.</p> <p>SA highlighted that this is an iterative process and as we go through the waiting lists the analysis is getting more in depth which means that intelligence is getting better. As a result this will mean that the Trust can work with relevant Place based partners through access meetings and Act as One Programmes to see how we can collectively work on a solution.</p> <p>MM commended the quality of the report and thanked CS and his colleagues for articulating the subject so well.</p> <p>KD also commended the excellent work that has been undertaken and reflected that this focusses on the elective pathways and felt that there are areas beyond this which also need capturing and showcasing. KD endorsed the work that has been undertaken and suggested an expansion of this to look at other areas. It was agreed to add this as a discussion point for a future board development session.</p> <p>MHu was pleased to note the progress and the focus given to this topic. MHu referred to the DNA data which correlated with young people and the suggestion that digital technology may be a solution to this. However it was important to think about the challenges that come with this such as being able to afford mobile data as some apps can use a lot of data very quickly. SA thanked MHu for raising this point and said this would be looked into it. SA referred to the DrDoctor tool that was discussed earlier in the meeting and advised that one of the things being considered as a pilot is in relation to short notice cancellations and how these can be utilised in order to maximise clinical capacity. Currently the task to fill short notice cancellations is a laborious and manual process but discussions are underway to utilise an automated message that can be sent to certain individuals on the waiting list and this may be particularly useful to aim at the younger population who may not necessarily wish to commit to an appointment which is weeks ahead but can attend at fairly short notice.</p> <p>MHu asked if a similar analysis can be undertaken in relation to serious incidents and whether these correlate with the CORE20 cohort (20% most deprived in Integrated Care Systems (ICS) footprint) in order to provide a deeper insight into how many serious incidents affect populations from this cohort. One of the regular discussion points at the Quality & Patient Safety Academy is in relation to the connection between not being able to gain quality without addressing inequality.</p>	<p>Associate Director of Corporate Governance and Board Secretary</p>
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	<p>MHu was also interested in understanding how many of the Trust staff population are from the CORE20 cohort as this would also provide a useful insight to help understand if the staff population is reflective of the population that is being served. It would be useful to understand whether this cohort is overrepresented or underrepresented in the Trust and the challenges they face.</p> <p>JB commented that he was amazed by the detail contained within the presentation and JB understood some of the complexities from a clinical perspective, within various cohorts of patients. JB provided some examples of the complexity of disease pathways, but the analysis presented by CS has highlighted aspects which are actionable and self-evident such as DNA rates and waiting times. Therefore there are definitely aspects that are worth putting a lot of effort into as they are likely to make a difference quickly to improve patient outcomes. SA agreed and felt that having the data and linking it with clinical intelligence is very important as it provides a good way of understanding where to focus.</p> <p>MP asked if primary care colleagues are engaged with any of the analysis and discussions. SA explained that now that there is a good level of intelligence available from the data the next stage will be to utilise the various groups that are already established through the Act as One Programmes in order to work with partners to further understand the data and implement the necessary changes to help improve patient outcomes.</p> <p>MM asked if the analysis will be shared with the health research team and maybe Connected Bradford in terms of steering some of their research work. CS said that conversations with colleagues from the research team have been undertaken in relation to this to support any additional work in the future. MHu added that he has recently had discussions with research colleagues about Connected Bradford and the use of data and what more can be done with it and how this can be connected with delivery of care across the Place in the region. This demonstrates that connections are being formed and a further discussion will take place about the Improvement Academy and connecting it more closely to the quality improvement work of the Quality & Patient Safety Academy. In addition to this early discussions are also underway in terms of outstanding programmes and how research can feature as part of these.</p> <p>PR also wished to provide assurance in relation to this and advised that regular conversations take place with research colleagues and strands such as Born in Bradford and Connected Bradford that are derived from the research team all add value to the relationship the Trust has with the team.</p> <p>MM once again commended the outstanding demonstration of our attempts to tackle unequal outcomes and thanked CS for attending the meeting to present the item.</p> <p>The Board was assured by the update.</p>	
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Bo.3.23.11	<p>Financial & Operational Plan 2023/24</p> <p>SA reminded the Board of the operational planning guidance that was received on 23rd December 2022 which detailed the priority areas and the requirement to submit a number of templates over a period of time including detailed plans covering the areas of Operations Workforce and Finances. The draft submission of the Trust's operational and financial plan needs to be submitted to the ICB by 23rd March in order for the national submission to be made on 30th March. Delegated authority for approval of the plan was requested to the Finance and Performance Academy to sign off the 2023/24 Plan during the March Academy meeting which follows scrutiny by the Executive Team Meeting (ETM) prior to this.</p> <p>SA presented the operational elements of the plan with respect to the current position and the plan to deliver the operational aspiration that has been submitted in terms of Urgent and Emergency Care (UEC), Elective Care, Cancer, Diagnostics and Maternity as detailed within the presentation. Other elements include Workforce and in particular to improve retention and attendance and deliver the NHS People Promise as well as Digital which focusses on digital maturity assessments and using data to help inform and impact on patient care. SA explained that the wider Place and system level responses provide a summary of all of the areas and these will be expanded to include a full Place and system based response.</p> <p>MH referred colleagues to the financial detail within the presentation but wished to provide some wider context on the current position and highlighted that the current planning round has been one of the most difficult rounds ever experienced. MH reported that the Trust is moving into a very challenged year from a financial perspective and as referenced in the Board Assurance Framework (BAF) a score of 20 is being considered for the new financial year. The Trust's overall income quantum for the year is yet to be determined as allocations are still being worked out, particularly around the Elective Recovery Fund and Covid. Overall the system has received approximately just over £200m worth of growth funding which equates to approximately 5.08%. There are various adjustments that have then been played out to allocate the overall amount of £4b to Places and the overall allocation to Places equates to approximately 3.9%. Currently the Trust has only received approximately 1.1% uplift on the overall allocation and there is still quite a bit of work to do in finalising the allocation for the Trust. MH advised that the Elective Recovery Fund has increased by approximately £26m for the system, but the system Covid fund has reduced by approximately £80m (in excess of 70%) which results in a huge challenge for the Trust in relation to what costs can be extracted through Covid specific initiatives that may still be in place.</p> <p>From an Elective Recovery Fund (ERF) perspective the national process is that the income is based on the level of activity that is undertaken. However, an alternative system based approach has been proposed which would trigger payment based on maintaining and delivering the access standards. This alternative approach is being considered by the national team.</p>	
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	<p>The overall challenge for the Trust is that it is starting the year with a £57m gap of which £30m is an underlying issue that is being carried into the new financial year and £27m are new issues in-year. The plan includes a significant inflation gap of approximately £10m, together with contractual issues equating to £5m and additional capacity to deliver the access standards of around £5m. In addition to this, £7m is associated with full year effects of service developments and other issues. It is proposed that a stretching waste reduction target of £25m is set, which still leaves a gap of £32m, before allocations are finalised. MH shared his concern of being £10m short by the time allocations are distributed and explained that the Trust needs to be in a position to produce a credible plan that is realistic and deliverable.</p> <p>MH talked through the next steps as detailed within the presentation and advised that discussions will continue at a place, system and national level to address the allocations. There is the possibility of additional funding being available from the national team in relation to inflation. MH highlighted that it is important to understand what this means at a Place level and a paper will be discussed by the Place level Executive team the following week to demonstrate and highlight the scale of the gap, which is in the region of £50m to £60m.</p> <p>MH talked through a number of actions being taken internally to make sure the Trust is fully cited of the challenge and what this means as it is very different to the last few years. Focus needs to be given to productivity and understanding the relative productivity compared to 2019/20 and how the activity base and cost base has changed. MH explained that in totality the level of activity that is being delivered now equates to approximately a £30m difference to that of 2019/20 and the cost base has also increased by approximately £70m during this time. MH explained the work that will be done at Clinical Service Unit (CSU) level to support the process with the Women's CSU piloting this in the first instance using specialty information packs and developing delivery plans to meet their Waste Reduction targets in 2023/24.</p> <p>MH summarised that the Trust faces a very challenged position and work needs to continue at Place level to understand the allocative methodology and also work as a Place to support each other. Once the final allocation is agreed the Trust will have a better understanding of any gap and will then need to establish what a plausible deliverable plan looks like.</p> <p>The final plan needs to be submitted by the end of March and delegated approval to the Finance and Performance Academy to sign off the 2023/24 Plan at the March Academy meeting) following ETM scrutiny is sought.</p> <p>BS thanked MH for the detailed commentary and suggested that a further discussion takes place at a future Academy meeting to further understand why the shift of reduced productivity against increased head count has happened, determine whether any adequate controls need to be put in place going forwards and if there are any specific</p>	
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	<p>actions that are required in terms of productivity, work methods or in terms of headcount to achieve an improved position. MH confirmed this was already happening and referred to the deep dive into the specialty packs that took place at the previous Academy meeting. The key focus of attention is to understand what has driven the activity and cost shift whilst giving ownership to the CSU. The plan is to provide the opportunity for the CSU to digest the speciality information pack and then report to MH, SA and KD to share where they will focus their attention to make improvements. The aim is to help and support the CSU to understand the information and focus their attention on some of the key specific areas which can be supported with wider information such as model hospital and patient level costing. MH advised that this shift has happened nationally in that whole time equivalents have increased by 15% and productivity has fallen by 10%. The Trust is redesigning the impact assessment process for evaluating changes which will include Quality Impact and Equality Impact Assessments.</p> <p>JL confirmed that the Academy is fully supportive of this approach as it provides the CSU with the support of Executive colleagues to agree on how to deliver efficiencies together.</p> <p>MP shared her insight and felt that the pandemic focussed colleagues attentions into qualitative improvements areas such as research, audit, service delivery models, outstanding programmes, teaching and supervision of junior colleagues with less emphasis on quantitative measures. There is now much greater focus on the quantitative measures such as financial and operational with the pressure of balancing the books meaning that the balance needs to be redressed.</p> <p>The Board noted the report.</p>	
Bo.3.23.12	<p>Capital Programme 2023/24</p> <p>MH presented the report and explained that the purpose of this paper is to inform the Board of the proposed three year capital programme and seek approval for this programme and to note the indicative position for future years. As the 2022/23 capital programme is still on-going and the final 2023/24 CDEL allocation is to be finalised, the Board is asked to delegate the approval of the final capital programme to the Finance and Performance Academy. The Board is asked to note that these programmes will form the basis of the operating plan submission to NHS England.</p> <p>MH explained that a challenging process has been undertaken to establish the plan with a lot of discussions in relation to prioritisation and where the allocation should be targeted. The majority of this is towards completing schemes that have started this year but there are also others that will be reinvested in recognition of the Trust's statutory obligations from an estates backlog perspective and the continued investment in equipment. MH confirmed that a very robust and rigorous process has been followed to develop the plan. It was important to recognise that the Trust is further ahead this year compared to the previous year when the programme was not</p>	

	<p>approved until July 2022 due to allocations not being finalised. This means that some of these programmes can start much earlier than they have in previous years.</p> <p>MM asked JL to assure the Board that if the Academy felt it necessary that full board approval was required for any reason then this would be initiated. JL provided this assurance and advised that the plan will be presented to the Board once approved and the delegation is sought due to the timescales.</p> <p>The Board of Directors delegated the approval of the 2023/24 capital programme to the Finance and Performance Academy.</p>	
Section 4b: Quality and Patient Safety		
Bo.3.23.13	<p>Report from the Chair of the Quality & Patient Safety Academy – January and February 2023</p> <p>MHu provided an overview of the reports from the Quality and Patient Safety Academy (QPSA) in January and February and commended the quality of the reports that were presented at the meetings as they added value and were concise which supported the Academy to cover all agenda items within the allotted time. MHu made the following key points:</p> <ul style="list-style-type: none"> • An in-depth discussion was held on Mortality and the Standardised Hospital Mortality Index (SHMI) data and its comparisons to the year-end data. There continues to be an ongoing issue with some tiles for sepsis and work continues to remedy the issues. • The Academy had a discussion in relation to organisation learning as well as Place level learning. Examples of incidents occurring at other organisations within the Place were discussed and how learning can be taken from those. • A report in relation to complaints, litigation, incidents and patient experience was presented which provided a very useful insight to the Academy. This links well with the earlier discussion in relation to CORE20 and inclusion. The Academy noted that the number of cases with 'no ethnicity' stated formed 20% of the total figure. Some in depth work will be undertaken to determine why 'no ethnicity' was recorded and what actions could be put in place to ensure that ethnicity was recorded going forward. • The Academy identified a substantial number of 'open' cases on Datix which were from the previous year. Work to address these was underway as checks had revealed that action plans had been concluded and the loop had not been concluded in closing them down. This number was therefore expected to reduce as the verification work continued. • The Academy had a discussion on Patient Experience Interpretation Services and the risks relating to language and communication. The Academy was keen to see proactive references to 'language' in reporting on issues as this could potentially be a vulnerability towards some communities. The Academy had agreed that KD would add a risk to the risk register and reports back on this to the Academy quarterly. 	

	<ul style="list-style-type: none"> The Academy received the February Maternity and Neonatal Services update which related to January activity and was pleased to hear about the new way of reporting to the Board that was being developed to streamline the information presented. <p>The Board was assured by the update.</p>	
Bo.3.23.14	<p>CQC Maternity Report</p> <p>KD advised that the CQC Maternity report has not yet been received and KD has been advised that this is in the process of being collated. The report will be shared with the lead inspector following which it will be issued to the Trust for factual accuracy. Once the Trust has reviewed the report for factual accuracy and returned it to the CQC it will be approximately a further four weeks before the final report issued to the Trust.</p> <p>JP shared that as the Maternity Champion he felt very well included, briefed and valued during the inspection by colleagues and thanked them for their support through the process.</p> <p>The Board noted the update.</p>	
Bo.3.23.15	<p>Maternity & Neonatal Services Update – January 2023</p> <p>KD extended a warm welcome to Nada Sabir (NS) who has recently taken on the role of Clinical Director for the Women’s CSU and thanked Carolyn Robertson who was the previous Clinical Director for her leadership over the last three years.</p> <p>KD referred Board colleagues to the main report and advised that additional documents in relation to the report are available to all Board colleagues within the Quality & Patient Safety Academy folder as agreed at the last Board development session to help the Board work smarter and take assurance from the Academies.</p> <p>KD advised that the Quality & Patient Safety Academy reviewed and discussed the report in detail and there were no urgent escalations to bring to the attention of the Board.</p> <p>NS advised that areas of concern as well as achievements will continue to be reported using this new process of reporting to assure the Board of the position and to seek opinions on the progress being made.</p> <p>The Board was assured by the update and approved the recommendations of assurance as detailed within the report.</p>	
Bo.3.23.16	<p>COVID-19 Vaccination Programme</p> <p>KD provided a verbal update and reported that the programme is now business as usual. Close work with colleagues across the Place continues and the Spring booster campaign will target those over the</p>	

	<p>age of 75, care home residents, those that are housebound and people with vulnerabilities. Plans are in place to deliver the Spring booster campaign but the Trust will not be delivering the vaccines, these will be delivered in the community. It is likely that the Autumn campaign will be wider and include larger numbers of the population including healthcare and support care staff.</p> <p>KD proposed that the update to the Board is now provided as and when required as there are no fundamental changes to the governance and the Trust's involvement with the vaccination programme is now very limited.</p> <p>MM was content with this and there was no objection from other Board colleagues. MM thanked KD for the regular updates she has provided for this item to date.</p> <p>The Board noted the update.</p>	
Section 4c: People		
Bo.3.23.17	<p>Report from the Chair of the People Academy – January and February 2023</p> <p>KW provided an overview of the report from the People Academy in January and February 2023 and explained that the February report is presented in the new style format which provides a summary using the Alert, Advise and Assure concept. KW wished to make the following key points:</p> <ul style="list-style-type: none"> • The review of the National Education and Training (NET) Survey feedback and the Guardian of Safe Working Hours quarterly report revealed a consistent theme of high workloads being reported by student and junior doctors. This was previously raised as a concern by Governors therefore the Academy spent some considerable time to review the results of the recent NET survey and was pleased to see the Trust's position at number one in WYAAT and scores across all dimensions in the top quartile as well as the improvement in scores from Obstetrics and Gynaecology students following the deep dive in October 2022. In the context of Bradford being the busiest hospital in the North of England and the 6th or 7th busiest in England the results are very pleasing. The results reported that the Trust offers a strong induction, good supervision, good teaching and a solid culture of learning and education leadership. It is very good to see that the actions that the Trust put in place to mitigate the previous feedback has had very good results overall. • The Academy reviewed the risk register and paid particular attention to the highest risk related to the People Academy which is the level of vacancies and the potential impact this has on safe staffing, the patient and people experience. A subgroup including Faeem Lal, Deputy Director of HR, Sean Willis, Associate Chief Nurse for Quality & Workforce, KW and SN will meet to share best practice on recruitment and retention. • A discussion also took place about the Estates team turnover at bands 2/3 which includes porters and cleaners at agency and 	

	<p>substantive levels which was concerning. MHol provided the Academy with assurance that a focused recruitment drive is taking place which will provide good results over the next four to five weeks with an increase in recruitment to these posts.</p> <ul style="list-style-type: none"> • The Academy held a discussion in relation to the risk due to Industrial Action which is dynamic and a constantly changing landscape. The latest planned strike action by the RCN has been paused while talks are held between the RCN and the Government. • The Academy had a good discussion about EDI and the Trust's ambition to increase representation of leaders and workforce from an ethnic background. The Academy asked for insight into the breakdown of ethnic representation across all levels and how the pipeline of ethnic background leaders has grown over time. Due to lack of time the Academy agreed to hold a dedicated session on EDI and how the Trust can positively influence ethnic background development pathways and the pipeline. <p>The Board was assured by the update.</p>	
Bo.3.23.18	<p>Strategic Equality & Diversity Council (EDC) Update</p> <p>MP presented the item and wanted to highlight the amazing work of the Spiritual, Pastoral and Religious Care (SPaRC) team who have taken a significant step forward on the already fantastic work they delivered last year in relation to support for colleagues during Ramadan. Fast Packs were introduced last year which were incredibly popular and this year the team have delivered these again along with a full campaign in relation to Ramadan allies which is aimed at colleagues who work alongside colleagues that are observing Ramadan. The campaign includes creating pop-up prayer facilities near to the areas in which those colleagues that are fasting work to enable them to observe prayers. The campaign has been very well received. The target audience for Ramadan allies in the first instance was 30 allies but this has been exceeded to almost 100. The campaign has taken off locally, regionally and nationally and the Trust has received visits from people coming to see exactly how the campaign is being taken forward and it is being recognised as supportive and culturally sensitive practice.</p> <p>The Board noted the report.</p>	
Bo.3.23.19	<p>Equality, Diversity & Inclusion (EDI) Strategy</p> <p>PC introduced the item and reminded the Board that Kez Hayat (KH), Head of Equality, Diversity & Inclusion attended the meeting in November last year to present the annual equality update. At that meeting KH had referenced the development of the EDI strategy and shared the five proposed strategic objectives. Progress has since been made with a lot of consultation undertaken through the staff networks, community engagement and the People Academy. The strategy is being presented today for Board approval. PC welcomed KH to talk through the key points from the presentation.</p>	

	<p>KH provided a detailed overview of the presentation and explained why the Trust will benefit from an EDI strategy. KH talked through the process of developing the strategy and highlighted the refreshed strategic objectives which identify the strategic priorities in terms of advancing EDI and tackling health inequalities including the value of creating an inclusive culture.</p> <p>KH explained that the next steps are to capture key actions for the first year of the implementation plan and this will include engagement with CSU and corporate teams following Board approval. The formal launch of the strategy is expected to be during April 2023.</p> <p>JP thanked KH for presenting the strategy which he felt was brilliant and was looking forward to the session that is due to be delivered on EDI as agreed at the People Academy. JP assured colleagues that the session will be data light and more about blue sky thinking.</p> <p>JP asked if cross referencing with regional and national activity was undertaken and included in the latest draft. KH confirmed that regional and national activity has been captured and a little more work needs to be done to ensure this is visible within the strategy. KH advised that he provides EDI support to the Bradford and Craven District People Committee and is also a member of the public sector Equality Systems Group which puts the Trust in a unique position as it means that KH can ensure that alignment is made to all of the activity that is happening within the district regionally but also nationally as well.</p> <p>JP referred to the staff equality networks and was pleased to note the work on improving the capacity and influence of the networks whereby they have direct access to senior management due to MP chairing the EDC. JP asked if there are any plans to build the capacity of the staff equality networks as they still have relatively low attendance and it would be good to get a broader view from staff to help broaden the skills and benefit of the networks. KH explained that when communications and global emails are circulated the aim is to get input from everybody and not just members of staff with protected groups. Work is currently underway with the staff networks about looking at the core group element of the work of the staff networks and looking at wider memberships. KH said it was important to recognise intersectionality and inclusion as every person has at least four protected characteristics.</p> <p>KW felt that the strategy was very reflective of the Trust and referred to the recent Diversity in Health and Care Partners workshop that she and KH attended which focussed on inclusion in tackling health inequalities. KW felt that KH very much bought to life some of the strategy in the conversation at that workshop when he spoke about communication during the pandemic and the use of language and dialects as well as the use of social media i.e. community groups on WhatsApp. This was very well received by workshop attendees and KW felt proud to listen to what the Trust has done in relation to this topic. The objectives of the strategy are very good and it was important for them to be lived and breathed from top down across the Trust and as a Board, KW felt there was a lot of good things that can</p>	
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	<p>be influenced such as behaviours, recruitment, retention and empowerment and recognised that engagement and implementation of the strategy at Board level particularly could make the biggest impact. KW was pleased to see the action plan as part of the strategy and felt it was important to think about how the action plan will execute the strategy.</p> <p>KW reflected that when she read through the strategy and considered the demographics for Bradford it seemed to be less focused on sexual orientation and wondered whether or not the lower profile of activity in that area drives discouragement around people disclosing their sexual orientation. KH agreed that the disclosure rate for sexual orientation was on the low side and it was not clear why this is the case. It may be that there is a fear of sharing such sensitive personal information. KH advised that an exercise is underway which is referred to as the equality census and this is to help people understand why it's important to collect such data, what will happen to the information staff share, who will have access to it, what will it be used for and where it will be stored. KH said it was important to have this information and data as it plays a significant role in terms of the Trust's wider ambitions on inclusion. KH felt that the Lesbian, Gay, Bisexual and Transgender (LGBT) network is one of the most proactive staff networks with a fantastic approach in the way they are working and the initiatives that they are currently involved in.</p> <p>KD reflected on the importance of how the strategy has been developed over months of hard work with engagement from various people and network members to deliver a document that can be bought to life. KD felt this is probably one of the most important strategies that will be approved by the Board as it provides the opportunity for the Trust to be the best it possibly can to deliver the best care for the people of Bradford.</p> <p>JH advised that work is continuing on the inequality section to add some substantial examples following some helpful feedback and the next iteration of the document will include this. JH said it was important to get the balance right between celebrating success and challenging ourselves to do better.</p> <p>MM asked if there was engagement with Freedom To Speak Up (FTSU) Guardians and whether they were sighted on the strategy as there were strong links between FTSU and EDI. KH confirmed there are regular conversations about different elements to look at how we can make our approach even more effective so that the focus is on any immediate actions in a timely manner.</p> <p>MM thanked KH for presenting the strategy and was delighted to hear of an inclusive approach to an EDI strategy.</p> <p>The Board approved the strategy.</p>	
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Bo.3.23.20	<p>Looking After Our People</p> <p>PC provided a verbal update and wished to use the opportunity to report on the staff survey results. PC advised that the embargo on the results was lifted this morning therefore this was a good opportunity to provide the Board with some key highlights.</p> <p>PC reported that nationally the results are not great, particularly in relation to morale, satisfaction with pay and health and well-being. However, overall for the Trust it is a good news story. The Trust is above average against our benchmarking group in terms of the overall results for Acute and Community Trusts on eight out of the nine people promised themes and on one theme the Trust has scored average. Last year the Trust was only above average on one theme which demonstrates a considerable improvement. It was pleasing to note that in the health and wellbeing theme where the Trust has scored average the scores have improved from last year.</p> <p>Significant improvements have been seen in most of the areas that the Trust identified as its priorities for last year such as line management, team working, recognition, reward, civility and respect. These are the areas where key work plans have been in place over the last year.</p> <p>In respect of staff engagement there has been a very small decrease in “I would recommend my organisation as a place to work” by 0.2%. However in terms of “I look forward to going to work” and “I’m able to show initiative in my role” an increase of 5% and 4% respectively have been shown.</p> <p>Although the Trust has remained as average in terms of health and wellbeing as an overall theme it was interesting to note that there has been an increase by 4% for the particular question of “do you think the Trust is taking positive action on your health and wellbeing”</p> <p>PC summarised that overall, despite it being a particularly difficult year the Trust has made some real improvements. The work on improving the staff experience, being a people promised exemplar sight and the fact that the Trust has dedicated resource there and the thrive ethos and staff offer has contributed to making a positive difference which PC was pleased to report.</p> <p>PC explained that as is to be expected there are certain key differences between some CSUs and corporate departments and these will be reviewed in detail and each area will receive their own high level results. A detailed presentation will be made to the March People Academy meeting and a more detailed report and high level action plan will be shared at the May Board meeting. The emerging priorities for this year will be continued focus on health and wellbeing as well as a focus on speaking out.</p> <p>MM was pleased to note the improvement of the results compared to last year’s performance and against the national context. MM asked if some analysis can be developed in relation to understanding of our own staff in relation to the CORE20 cohort.</p>	<p>Director of Human Resources</p>
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	<p>MP commented that this was really positive for the Trust and reported that some data has been shared through the HSJ this morning since the embargo was lifted which shows a marked pattern of deterioration across most organisations following the first year of the pandemic and in the subsequent year, which is the year that the results refer to. This has been the case in the majority of instances which demonstrates that the Trust's improved results given the current environment and challenges are brilliant.</p> <p>JP was pleased to note the results and said that the Trust should make sure this success is celebrated whilst getting the balance right as there are also challenges. JP was looking forward to receiving a more detailed breakdown of the findings and was keen to know whether there are any particular areas where there is a particularly low participation and how this will reflect in the action plan. PC explained that this would be included within the detailed report that will be presented to the People Academy in March.</p> <p>The Board noted the report.</p>	
Section 4d: Partnerships		
Bo.3.23.21	<p>Partnerships Dashboard</p> <p>JH advised that the Partnership Dashboard provides a single view of the partnership indicators aligned to the Trust's Strategic Objective. The Board is asked to review and challenge the elements of the Dashboard presented.</p> <p>JH reminded the Board of the discussions that have taken place today which all have a link to partnerships i.e. the EDI strategy, the waiting list analysis work, MP's update which included an extensive piece about the activity at Place level. In addition to this updates have been received at the recent Board Development session in relation to West Yorkshire Association of Acute Trusts (WYAAT) and the five reset priorities</p> <p>MM asked whether the metric for reducing inequalities is closer to becoming green. The commentary suggests that the Trust is doing well in this area but are there still some gaps which mean it is not yet at green. JH explained that although there is a lot going on, and so we can show good progress on inputs, he did not feel there was a satisfactory set of metrics to demonstrate the outputs. JH said he would be comfortable to say that the work on reducing inequality is green if it could be demonstrated that what is being done is making a difference but currently there is no meaningful metric to reflect this.</p> <p>The Board was assured by the update.</p>	
Section 4e: Audit & Assurance		
Bo.3.23.22	<p>Report from the Chair of the Audit Committee – 7 February 2023</p> <p>BS provided an overview of the report from the Audit Committee in</p>	

	<p>February 2023 highlighting the following:</p> <ul style="list-style-type: none"> • The Internal Audit Progress Report was received and considered by the Committee which provided progress on 13 internal audit reports that have been issued since the Committee's October meeting. The Committee noted the further batch of good internal audit results: four reports providing high assurance, six providing significant assurance and three providing confirmation of good progress but where an assurance rating was not appropriate. • The Committee received its first bi-annual report providing assurance that the Trust is in compliance with the new risk management strategy which demonstrated good progress. • The Committee reflected on a recent meeting of the Committee members and the Trust Secretary to review the performance of the Committee and confirmed that by reference to the Self-Assessment Checklists it was content with the Committee's performance in all respects but one: a belief that further assurance is required regarding Trust data quality. It was agreed by the Committee that BS, MH and the Head of Internal Audit would meet with PR to discuss this and agree a way forward. The matter will then be considered further by the Committee, with PR present at its April meeting. <p>The Board was assured by the update.</p>	
<p>Bo.3.23.23</p>	<p>Board Assurance Framework (BAF) & High Level Risks</p> <p>LP introduced the item and asked the Board to note that the BAF as at the mid-point of quarter 4 was reviewed and updated by the lead executives, and was reviewed and agreed by the Executive Team on 13 February 2023. The Academies subsequently reviewed the BAF risks within their remit at their meetings on 22 February 2023.</p> <p>LP highlighted the following items from the BAF (Appendix 1) for the attention of the Board:</p> <ul style="list-style-type: none"> • As discussed at the last meeting, the two risks which relate to staffing have now been combined into one risk which is now aligned to both strategic objectives i.e. the objective to provide outstanding care and the objective to be one of the best NHS Employers. • There have been no changes to the risks scores on the BAF and assurance level. • Risks 2a.1 and 2a.2 (relating to financial sustainability and management of Income & Expenditure) are currently scored at 12 which reflects the position for 2022/23, however these risks will increase for 2023/24 given the current uncertainties and the expectation that next year's financial position will be more challenging. • For risks that have been in place for almost a year LP will be meeting with the Lead Directors to review them and present an updated position to the Board at the May meeting. 	

	<p>In terms of the high level risks LP reported that ETM considered a summary of all high level risks at its meetings on 16 January and 13 February 2023, 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. The Academies subsequently reviewed the high level risks within their remit at their meetings on 25 January and 22 February 2023.</p> <p>LP highlighted the following points in relation to the high level risks for the attention of the Board:</p> <ul style="list-style-type: none"> • One new risk which has been added in relation to the ReSPECT process. This was an existing risk which had increased in score from 10 to 15 therefore is now on the high level risk register. • Three risks have reduced in score but one risk relating to the Haematology Consultant team kept the score of 16 and therefore remains on the high level risk register as the expected improvements in the staffing position have not yet been made. <p>The Board confirmed it was assured that all risks on the High Level Risk Register and BAF are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks require further mitigation.</p>	
Section 5: Governance		
Bo.3.23.24	<p>Amendments to Standing Financial Instructions and Scheme of Delegation</p> <p>MH provided an overview of the report and explained that the papers have been through internal approvals at ETM and the Audit Committee. The report provides updates on the latest national guidance particularly in relation to operational planning. Updates to internal guidance such as the budgetary management framework and capital planning framework have been included as well as the statutory procurement changes that align to public procurement regulations, particularly around tender thresholds.</p> <p>The Board noted and approved the updated Standing Financial Instructions and Scheme of Delegation.</p>	
Section 6: Board Meeting Outcomes		
Bo.3.23.25	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.3.23.26	<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.3.23.26	<p>Date and Time of Next Meeting</p> <p>11 May 2023, 9.30am</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 March 2023

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo23002	Bo.3.23.3	Patient Story: KD proposed that a briefing session is organised for Governors and Non-Executive colleagues in relation to communication with patients and how to improve this for the benefit of all patients.	Associate Director of Corporate Governance and Board Secretary	July 2023	Date to be arranged
Bo23003	Bo.3.23.10	Health Inequalities & Waiting List Analysis: KD endorsed the work that has been undertaken and suggested an expansion of this to look at other areas. It was agreed to add this as a discussion point for a future board development session.	Associate Director of Corporate Governance and Board Secretary	July 2023	Added to Board Development planner – date to be confirmed
Bo23004	Bo.3.23.10	Looking After Our People: MM was pleased to note the improvement of the results compared to last year's performance and against the national context. MM asked if some analysis can be developed in relation to understanding of our own staff in relation to the CORE20 cohort.	Director of Human Resources	July 2023	Update to be provided in July
Bo23005					