

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 11th May 2023, with Dr Maxwell Mclean in the Chair and Jacqui Maurice, Head of Corporate Governance (in the absence of Laura Parsons, Board Secretary) the minutes of the previous meeting on the 9th March 2023 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

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| Date: | Thursday 11 May 2023 | Time: | 10:00-16:00 |
| Venue: | Conference Room, Field House, BRI and Microsoft Teams | Chair: | Dr Maxwell Mclean |
| Present: | <p>Non-Executive Directors:</p> <ul style="list-style-type: none"> • Dr Maxwell Mclean (MM) • Ms Julie Lawreniuk (JL) • Ms Sughra Nazir (SN) • Mr Jon Prashar (JP) via MS Teams • Mr Altaf Sadique (AS) • 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) • Dr Ray Smith, Chief Medical Officer (RS) | | |
| In Attendance: | <ul style="list-style-type: none"> • Mr Faeem Lal, Acting Director of Human Resources (FL) • Mr Mark Holloway, Director of Estates and Facilities (MHol) • Dr Paul Rice, Chief Digital and Information Officer (PR) • Ms Jacqui Maurice, Head of Corporate Governance (JM) on behalf of Laura Parsons, Associate Director of Corporate Governance and Board Secretary (LP) • Ms Katie Shepherd, Corporate Governance Manager (KS) • Mr James Halstead, Consultant Surgeon and Deputy Medical Director (JHal), Susan Craven, Deputy Matron for Surgery & Digestive Diseases (SC) and Robert Guest, Senior General Manager for Surgery & Digestive Diseases for item Bo.5.23.3 • Ms Carly Wilson, People Promise Manager (CW) and Ms Debbie Jackson, Organisational Development Manager (DJ) for item Bo.5.23.9 • Ms Sara Hollins, Director of Midwifery (SH) for item Bo.5.23.13 (via MS teams) • Ms Anne Forster, Professor of Stroke Rehabilitation (AF) for item Bo.5.23.16b • Ms Jennifer Pope, Head of Information Governance (JPo) for item Bo.5.23.27 (via MS teams) | | |
| Observing: | <ul style="list-style-type: none"> • Ms Raquel Licas, Governor • Ms Eleanor Booth, Management Trainee • Mr Mohammed Musa, Communications Officer | | |

| No. | Agenda Item | Action |
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| Section 1: Opening Matters | | |
| | Chair's Opening Remarks MM welcomed all attendees to the meeting and thanked colleagues for their attendance. | |
| Bo.5.23.1 | Apologies for Absence Apologies were received as follows: <ul style="list-style-type: none"> • Mr Mohammed Hussain, Non-Executive Director • Mr Barrie Senior, Non-Executive Director • Ms Laura Parsons, Associate Director of Corporate Governance and Board Secretary | |
| Bo.5.23.2 | Declarations of Interest No declarations of interest were noted. | |
| Bo.5.23.3 | Getting to know the Clinical Service Units (CSUs) – Surgery SA introduced the team and welcomed JHal and his colleagues to deliver the presentation in relation to the transformation of the Acute Surgical Unit (ASU) and Wards 2 and 5. JHal presented the item and explained the background and the process that took place in the transformation of the ASU. JHal referred to the increase in admissions from February 2022 to those in February 2023 and also the increase in discharges since the opening of the ASU despite the smaller bed base. This demonstrates a significant improvement to patient flow in the context of higher patient numbers compared to previous years. JHal talked through the various benefits that ASU provides including shorter waiting times for minor procedures and also a 25% decrease in patient complaints. In conclusion JHal reported that the ASU is working well which is evidenced by data and there have been significant practice developments as well as an improved environment for clinical education and training. It has also provided benefits to the wider hospital although some challenges do still remain such as workforce issues in terms of consultant body recruitment. JH asked how the ASU has been received from a patient and staff experience perspective and SC reported that the feedback has been positive and the staff and patient experience has improved since the opening. KW congratulated SC for her long service with the Trust and asked how she felt about the culture of the team. SC said it was a good place to work where she felt she could be open and honest and commended her colleagues for this. | |

| No. | Agenda Item | Action |
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| | <p>MP referred to the recruitment challenges and highlighted that although recruitment was ongoing, it was important to note that colleagues would be retiring from the Trust over the next five years. MP reflected on why Bradford is a good place to work and why candidates are attracted to apply for posts at the Trust. She referred to the investment and developments in the technology being used to support innovation, such as telemedicine and robotics equipment. In addition to this it was very important to recognise the relationships that are built with trainees, and providing them with a positive experience in an environment where the culture is also good will make Bradford an attractive proposition.</p> <p>MP referred to the expectation of the 'Virtual Royal Infirmary' (VRI) programme nationally and how the Trust can invest to a virtual model where clinicians and nursing staff are able to treat patients with complex needs in their homes. MP was keen to see conversations started about how virtual models can be developed further, allowing clinicians to work in the hospital as well as in the patient's home with the support of technology. JHal agreed and was fully supportive of developing a hybrid approach for the benefit of patients.</p> <p>RS complimented the ASU facilities and praised the modern build which provides an improved patient experience. RS asked if there was anything further that can be done to reduce waits particularly for long wait patients awaiting downstream ward beds. JHal felt that a virtual ward would help with this as it would alleviate the inpatient capacity issues that are faced by many specialties.</p> <p>A detailed conversation took place in terms of providing a hybrid service to patients with the support of technology to help improve patient experience and outcomes and the Board was supportive of these developments.</p> <p>MM thanked the team for their attendance and providing a useful insight into the work of the CSU.</p> | |
| Section 2: Business From Previous Board Meeting | | |
| Bo.5.23.4 | <p>Minutes of the Meeting held on 9 March 2023</p> <p>The minutes of the meeting held on 9 March 2023 were approved as a true and accurate record of the discussions and decisions.</p> | |
| Bo.5.23.5 | <p>Matters Arising</p> <p>The actions from the log were reviewed. All outstanding actions are due in July and these were noted.</p> | |

| Section 3: Business Reports | | |
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| Bo.5.23.6 | <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 was pleased to report the re-appointment of David Wilmshurst as Vice-Chair of the Council of Governors for a further two years. • MM was also pleased to advise that, in line with the Trust's Constitution, Dr Farzana Khan, Consultant in Emergency Medicine, has taken on the role of Staff Governor Medical and Dental. • MM reported that he met with the Chairs and Corporate Governance Leads of neighbouring Foundation Trusts (Bradford District Care NHS Foundation Trust and Airedale NHS Foundation Trust) in March to discuss the appetite for a joint session. There was excellent support for this and an agenda is currently being agreed for a two hour session which will focus on partnership working. <p>The Board noted the report.</p> | |
| Bo.5.23.7 | <p>Report from the Chief Executive</p> <p>MP presented the report which provides an overview in relation to patients, people, place and partners and made reference to the following key points:</p> <ul style="list-style-type: none"> • The Trust has continued to respond to industrial action being undertaken by NHS staff, the latest of which was the nurses' strike which took place between 8pm on Sunday 30 April through to midnight on Monday 1 May. MP thanked colleagues and teams who responded well to help maintain safe cover throughout the strike period. A significant amount of time and effort went into pre-planning for the strike action by operational and clinical teams across the Trust but unfortunately the strike action has had an impact on the ability to maintain routine elective care to the levels we would usually achieve. MP reported that as a result of this period of strike action the following activity had to be cancelled: 148 inpatient episodes, 150 day case appointments, 905 new appointments and 4237 follow up appointments. Inevitably this has impacted patient care and needs but services were maintained for those patients with high priority clinical needs. • MP was extremely pleased to report that the Trust has been awarded £24.776m in its bid for the development of a new purpose-built endoscopy unit at the Bradford Royal Infirmary (BRI) site from NHS England (NHSE). This is excellent news and reflective of the huge work being undertaken to forward plan and ensure services remain fit for the future. It is expected that a new facility will be available in the financial year 2025/26. • MP referred to the Trust's second Thrive Conference – For the Leader in Everyone which is scheduled to take place on 6 June | |

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| | <p>at the Life Centre in Bradford. All staff across the Trust can apply for a ticket, with a live stream of the conference also being shown on site at BRI. MP encouraged colleagues to apply for a ticket to attend if they are able to.</p> <ul style="list-style-type: none"> MP advised Board colleagues that since her report was written she has received a letter from the NHS Board who have written to all Chief Executive Officers of NHS organisations to highlight the need to engage in conversations with staff to reflect on the successes of the NHS, where the NHS is currently at and what the future may hold. This is aligned to the 75th anniversary of the NHS, and the NHS Assembly will lead a national listening and engagement event. MP will be on leave at the time of the event therefore JH will be participating on MP's behalf. <p>MM was pleased to note the section of the report in relation to the new service "New Vision Bradford" for people with alcohol and drug issues in Bradford District. This is a partnership between national and local charities that was launched on 1 April providing drug and alcohol treatment and recovery services across Bradford District.</p> <p>MM wished to endorse the appreciation of the Board to Executive colleagues in relation to the work being undertaken to manage the continuing industrial action and stated he was grateful for the ongoing updates from colleagues.</p> <p>The Board noted the report.</p> | |
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Section 4: Delivery of the Trust's Clinical Strategy

Section 4a: People

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| Bo.5.23.8 | <p>Report from the Chair of the People Academy – March and April 2023</p> <p>KW provided an overview of the reports from the People Academy in March and April 2023 and made the following key points:</p> <ul style="list-style-type: none"> During the March meeting of the People Academy there was huge focus given to the topic of people and engagement following the receipt of the staff survey results. The Academy took time to discuss the results and the action plan which the Academy took assurance from given the operational pressures at the time that the survey was open. The results showed eight out of nine people promised themes reporting above average and one reporting average overall. The Academy also had a good discussion on civility and respect during the March meeting and noted the work that continues with the Programme Board which is well established as well as the Civility Advisory Panel. KW talked through the progress and key headlines and next steps of the workforce civility agenda as noted within the March minutes of the People Academy. The Academy had a detailed discussion on assessing and monitoring organisational culture at the Trust and the Academy heard about what is being done to monitor and measure culture to determine if there are any gaps and what may need to be | |
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| | <p>escalated to the Board if necessary.</p> <ul style="list-style-type: none"> At the April meeting of the Academy there was a detailed discussion on workforce and learning and the Academy noted that the Workforce Report revealed a high and increasing level of agency use within the Estates and Facilities team. MHol had explained to the Academy that the positions cover food, security, porters and cleaning services that are necessary to maintain an enhanced level of support such as robust cleaning post Covid, a rapid response cleaning team and increased security for the Maternity wing. MHol had confirmed to the Academy that the resource levels and mitigations are due to be presented to the Executive team. The Academy noted the number of Nursing and Midwifery vacancies continued to be of concern with 236 vacancies at Band 5 nursing and 168 Band 2 Healthcare Support Worker (HCSW). However the Academy took assurance that the leaver rate continued to drop and recruitment was also improving with further open days and international nurse recruitment campaigns due to take place. The Academy received an update in relation to the Royal College of Nursing industrial action across the bank holiday weekend with no derogations and the mitigating actions for this were discussed at length. The Academy was pleased to note the achievements of the Education team as outlined in the Annual Education Report for 2022/23. Against a backdrop of significant staffing changes, the team have delivered improvements across all domains in the National Education & Training Survey results, achieved the ASPIH (Association of Simulated Practice in Healthcare) Accreditation, received a National Innovation Award, hosted 500 placements for students from Bradford District and Craven, and offered increased support to students and Junior Doctors who have seen increased workload and financial pressures. KW referred to the Academy's Annual Report for the period April 2022 to March 2023 (Appendix 1) for the Board to review and determine if the Academy has been effective, and whether any further development work is required. Following this review by the Board the report will be presented to the Audit Committee on 23 May 2023 as part of the suite of assurances supporting the Annual Governance Statement. <p>FL referred to the workforce stability index which is at 99.28%. The metric refers to those in employment at the start of the month and at the end of the same month. FL explained that further work will be undertaken in relation to the tenure and average length of service data to assure the Academy of workforce experience levels within this metric. FL advised that workforce retention levels have been consistently improving month by month for some time now which is positive.</p> <p>The Board was assured by the update.</p> | |
| Bo.5.23.9 | Staff Survey | |

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| | <p>FL introduced the item and explained that the Trust is one of 23 'People Promise' exemplar sites in the country. As a result of this work is being undertaken to deliver against the seven elements of the People Promise. FL introduced Carly Wilson, People Promise Manager (CW) and Debbie Jackson, Organisational Development Manager (DJ) to present the item.</p> <p>CW and DJ delivered a comprehensive presentation. They explained that overall, the 2022 NHS Staff Survey results nationally reflect the extremely challenging operational environment facing staff at all levels of the NHS workforce. While it is positive to see that the majority of staff feel their leaders are compassionate listeners who take positive interest in the health and wellbeing of their staff, metrics across workload, staff wellbeing and perceived quality of care have all decreased since 2021. The survey was open from September to November 2021 and the Trust had a response rate of 37% which is 10.2% lower than that in 2021. However, this is in line with the national picture. Overall, 2,365 Trust colleagues responded to the survey.</p> <p>The data which was provided by NHSE shows the changes in the engagement scores of exemplar sites and shows that the Trust is the second most improved site with an increase of 0.11, which is something the Trust should be proud of.</p> <p>The presentation reflects the highlights of the survey as well as showing the areas that need to be developed and the priorities to focus on. A detailed action plan will be presented to a future Board meeting to demonstrate areas of focus for the next twelve months.</p> <p>CW and DJ explained the next steps as detailed within the presentation and advised that CSU specific action plans are being developed, and results and actions will continue to be monitored in the Executive to CSU meetings. Quarterly updates will be provided to the People Academy on progress.</p> <p>KW stated that it was good to see the difference that all the activities are making, for example through the outstanding programmes and the improvements within Estates and Facilities. In terms of civility and respect the result shows that 70.7% of staff believe the Trust and its people are understanding and kind. However, 20.3% of staff say that they have experienced harassment, bullying, or abuse from another colleague compared to 18.6% last year. KW reflected on whether this is because people are very focused on civility and respect which brings out acceptable and unacceptable behaviours, and therefore may account for the increase overall. KW referred to the action plan focus groups and asked what they felt were the priority areas to address. DJ explained that as staff are being encouraged to speak up this is likely having an impact on the results but it is right that staff feel they can speak up and share concerns and worries that impact them.</p> <p>MP reflected on the response rate and felt that getting the views of 2365 people is brilliant but there is obviously more to do to encourage uptake. The Trust has demonstrated that against national</p> | |
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| | <p>context the results are positive and this is testimony to the approaches that have been taken and the investment that has been made to increase response rates. In terms of the “voice” of staff MP referred to the upcoming Thrive Conference where the theme is “the leader in everybody” because if you believe that the leadership is the Trust and not the people who are in the Trust then it is easy to defer the responsibility as belonging to someone else. This is why this approach has been taken as it insinuates that everybody has a responsibility to lead and model good behaviours and values. MP referred to various areas which were previously of concern but are in the process of being improved and in particular wished to highlight the huge improvement within the Finance department under the supervision of MH. The Trust Finance Department is the second most improved Finance Department in the country in the recent staff survey results and the most improved of any acute provider. This demonstrates that improvements are possible.</p> <p>A discussion took place about culture, retention, staff engagement, and empowerment and how this leads directly into positive patient and staff experience.</p> <p>MM thanked CS and DJ for delivering the presentation and the Board was assured by the update.</p> | |
| Bo.5.23.10 | <p>Nursing and Midwifery Staffing Review</p> <p>KD presented the item and wished to thank Jo Hilton, Director of Nursing/Deputy Chief Nurse and Sara Hollins, Director of Midwifery (SH) for their input to the suite of documents presented. KD explained that the documents provide an overview of the nursing and midwifery establishment reviews. The staffing establishments need to be reviewed and agreed on a six monthly basis to ensure safe, effective and sustainable staffing in the right place, at the right time with the right skills.</p> <p>KD provided an overview of the presentation and asked the Board to note that there have been requests for an increase in establishment that have not been supported and the rationale for the decision has been included for information and assurance of the process.</p> <p>KD referred to the maternity staffing slides and explained the background to the recommendations within the report following the 2023 review.</p> <p>KD summarised the total changes that are recommended as part of the establishment review which require a total investment of £132,227.</p> <p>SN said it was useful to see the detail of those requests that have not been supported and the rationale for the decision. However, given that some of these requests were submitted due to being identified as potential gaps in service delivery SN asked what follow up takes place with colleagues to explain that there is no direct impact in terms of patient experience. KD explained that a workforce review is undertaken every six months and in between that regular Executive</p> | |

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| | <p>to CSU meetings are scheduled where discussions take place in relation to such issues. In addition to that the operational governance meetings and complaints monitoring activity is also undertaken. KD highlighted that it was important to prioritise in order to strike the right balance between the financial position of the Trust whilst maintaining patient experience and care. The decisions that are made have consequences on other areas of service delivery across the rest of the Trust therefore some requests have to be refused based on the overall needs across the Trust.</p> <p>The Board approved the recommendations listed in the paper.</p> | |
| Section 4b: Finance and Performance | | |
| Bo.5.23.11 | <p>Report from the Chair of the Finance and Performance Academy – March & April 2023</p> <p>JL provided an overview of the reports from the Finance and Performance Academy in March and April 2023 and made the following key points:</p> <ul style="list-style-type: none"> • The impact of the industrial action was a key discussion point at both meetings and the Academy noted the significant impact of ongoing industrial action activity on the Trust's performance metrics for at least the next six to twelve months ahead, possibly longer if no resolution is reached. • The Academy approved the 2023/24 financial plan at the March meeting. The Academy will be focussing on monitoring the Waste Reduction Plan over the coming months. Governance processes have been put in place and these will be monitored by the Academy and reported to the Board. • At the April meeting the Academy received the Finance report which included the 2022/23 pre audited financial outturn and showed that the Trust had achieved a £200k surplus which is slightly better than the planned breakeven position which is a positive result. • The Academy received the Urgent and Emergency Care Improvement Plan at the April meeting and was pleased to note the improved ward-based metrics that have been one of the areas of focus of the Plan. One example of these ward-based metrics is that the average time for a patient being clinically ready to be moved to a ward after being admitted has reduced from 7 to 4.5 hours. The Academy noted the benefits to patients and families in delivering these improvements. • In terms of Capital spend the Academy received the 2022/23 update which showed that the Trust has spent slightly less than the approved plan which was mainly due to external factors. In 2023/24 the Trust plans to spend in excess of £70m on capital and work is ongoing to ensure there is adequate resource to manage this ambitious programme. The Academy was pleased to note the additional funding the Trust has attracted through a number of successful business cases. <p>JL referred to the Academy's annual report which summarises that the Academy believes that during 2022/23 it took reasonable steps to</p> | |

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| | <p>perform its duties as delegated by the Board as specified in its terms of reference. The Academy has reviewed all relevant items in line with its terms of reference and work plan and also undertook some work on effectiveness. The Academy was happy to receive any feedback or suggestions to improve further.</p> <p>MH wished to put into context the difficult financial challenge that is being faced particularly in light of the £29m Waste Reduction Target, whilst also continuing to deliver safe services and meeting the ambitions of different areas of the Trust. It is important to get the balance right but some difficult decisions may need to be made with appropriate quality and safety impact assessments, and that align to the Trust's strategic priorities (during a period of challenging financial constraints).</p> <p>SA reflected on the Trust aspiration from an operational performance perspective of being in the top quartile against our constitution standards. The reports presented to the Academy highlight the journey taken to get to this position and a further presentation will be provided at the next Academy which outlines the impact the Operational Improvement Plan has had in delivering our aspiration. Progress of this will continue to be reported to the Academy.</p> <p>SA also reflected on the effectiveness of the Academy and highlighted the importance of having NED colleagues such as KW and MHu at the Finance and Performance Academy. They were able to feedback and discuss some of the challenges into the other Academy meetings later in the day. This enables seamless conversations across the Academies and some very strong, collaborative and cohesive ways of working.</p> <p>The Board was assured by the update.</p> | |
| Section 4c: Quality and Patient Safety | | |
| Bo.5.23.12 | <p>Report from the Chair of the Quality & Patient Safety Academy (QPSA) – March and April 2023</p> <p>MM advised that the April 2023 minutes of the QPSA were not yet available but referred to SN, AS and JP to provide an overview from the meetings of the QPSA for March and April in MHu's absence.</p> <p>SN advised that the Academy had detailed discussions in relation to the items presented and scrutiny took place of the reports including serious incidents, stillbirths, neonatal reporting, interpreting and language and digital discussions.</p> <p>JP said that it was important to note that the agendas of QPSA are extremely extensive and detailed and it takes some very skilled chairing to get value and assurance that is needed within the timeframe available. RS added that splitting the Quality and Patient Safety Academy into two separate meetings has worked well as both meetings, which now alternate between 'Assurance' and 'Learning and Improvement' have the opportunity to receive assurance and focus can also be applied to measuring the learning elements.</p> | |

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| | The Board was assured by the update. | |
| Bo.5.23.13a | <p>Maternity & Neonatal Services Update – February & March 2023</p> <p>KD introduced the item and advised that the update includes the three year delivery plan for Maternity and Neonatal services which will be covered at the next agenda item. KD invited SH to present the items.</p> <p>SH presented the update and explained that the Quality and Patient Safety Academy (QPSA) received and approved the Maternity and Neonatal Services Update papers relating to activity in February and March 2023. SH made reference to the five neonatal deaths that occurred during February and advised that assurance was provided to the QPSA that there are no emerging themes and trends – the details of these deaths are included as appendices within the Closed Board papers.</p> <p>The Board was assured by the update and recommendations as detailed within the paper.</p> | |
| Bo.5.23.13b | <p>Maternity Plan – NHS England</p> <p>SH presented the item and explained that the plan sets out a series of actions for Trusts, ICBs and NHSE in order to improve the safety and quality of maternity and neonatal services. The plan follows several national plans and reports, including the reports by Donna Ockenden and Dr Bill Kirkup and brings together the key objectives that services are asked to deliver against over the next three years.</p> <p>SH explained that there are 12 priority actions for Trusts and systems over the next three years across the following four themes:</p> <ul style="list-style-type: none"> • Listening to women and families with compassion • Supporting the workforce • Developing and sustaining a culture of safety • Meeting and improving standards and structures <p>SH talked through the details of each theme as detailed within the presentation and explained that each theme has approximately two to five specific actions to be delivered.</p> <p>SH explained the next steps which include a discussion to be held with PR as the Trust's Chief Digital and Information Officer to agree a plan regarding the digital risks described. Following this the digital maternity risk entry will be updated accordingly.</p> <p>SH advised that the monthly Maternity and Neonatal Services update paper that is presented to QPSA will include an update on progress against the plan along with details of any challenges or risks that require escalation to Board.</p> <p>SH confirmed that any actions that require financial investment will</p> | |

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| | <p>be presented to the Executive Team Meeting (ETM) for discussion and decision regarding any next steps.</p> <p>KD referred to the recent visit to the Trust by Donna Ockenden and felt this went well and Donna was impressed by what she saw during her visit particularly as she made positive references to the visit on social media. During the visit KD asked Donna if there was anything that she felt can be improved and Donna referred to the bereavement suite which is already on the radar following the Care Quality Commission (CQC) visit. KD reported that a fundraising campaign is being planned to raise funds to make improvements in order to offer an improved environment for women and families.</p> <p>KD felt that the improvements that need to be made from a digital perspective are a key element and referred to some equipment for language interpreting that is being trialled within the maternity area. This provides instant access via a video link to an interpreter for almost any language and is a fantastic way to offer interpreting services to women without delay.</p> <p>KD referred to the improvements that have been undertaken which have helped in the reduction of stillbirths which now brings the Trust to just above average nationally. This is a good achievement and in order to improve this further there are things that can be done such as offering more scans and follow up appointments, however resources have to be prioritised accordingly.</p> <p>JL referred to the digital requirements and risks around this and asked if this is a national issue or whether it is specific to the Trust in terms of our systems. PR explained the challenges in relation to aspiration and delivery and the resources available against competing priorities. PR explained that whilst some organisations have the challenge of going paper to digital, the challenge for our Trust is to go from digital to more mature digital or bespoke digital. PR said that although not ideal it is likely that a mixed model approach will be taken in order to make a material difference to the quality of the service that is provided as this is more pragmatic than managing it as a tick box exercise.</p> <p>MM referred to achieving the baby friendly status and asked about progress in relation to this. SH explained that there are some challenges but with some significant focus and effort this is achievable and staff are working hard to get it back on track.</p> <p>MP referred to the transformation improvement aspirations in relation to Neonatal through the Outstanding Maternity Services programme which is now coming to an end and transitioning to business as usual. As Neonatal was bought into the programme in the late stages MP asked about the ability to mirror the improved areas from Maternity to Neonatal such as recruitment and retention of staff or whether some additional resource and support may be needed to help embrace the ideology of “outstanding” as “business as usual”. SH felt that the key priorities of both services are very similar, as are the workstreams, for example working with the same population and same families, therefore it should be possible for the two services to</p> | |
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| | <p>align. SH wished to highlight that the Neonatal service has dramatically improved in terms of recruitment and retention of staff with some very engaged key staff who have a real appetite to lead and take the work forward, as was the case in Maternity services. A key priority is to work with both services to raise their profile in order to improve outcomes for mothers and babies and to do this it was important to have good relationships and be aware of the risks and challenges of both services.</p> <p>The Board was assured by the update.</p> | |
| Bo.5.23.14a | <p>CQC Update – CQC Statement of Purpose</p> <p>KD presented the item and explained that the Trust is required to have a Statement of Purpose (SOP) in relation to CQC registration. The SOP was last reviewed in June 2020. No significant changes have been made other than minor amendments and KD confirmed that the SOP meets the criteria for the CQC.</p> <p>SN referred to 'Invest in Bradford' and the link to the University of Bradford and whether something could be included in relation to this aspect to explain the purpose as it is something innovative. KD said this was not a fundamental change as it was included within the previous update but she would include a sentence in recognition of delivering more services at the University of Bradford site in the future as they now have a Radiology suite to deliver clinical services.</p> <p>The Board approved the updated CQC Statement of Purpose and further approved its submission to the CQC subject to the addition agreed.</p> | |
| Bo.5.23.14b | <p>CQC Update – CQC Urgent & Emergency Care Inspection Update</p> <p>KD presented the item and reminded the Board that the Trust was inspected by the CQC on 20 April 2022 within Urgent & Emergency Care Services. KD talked through the presentation which includes the recommendations from the inspection along with progress against each recommendation, a comprehensive view of quality, governance and performance and an update on wider Accident and Emergency Department (AED) performance.</p> <p>SN referred to a previous concern by the CQC in relation to the experience of people with mental health concerns who present to the AED and requested an update on progress. KD explained the background to the concern and confirmed that there is now a dedicated cubicle for patients presenting with mental health concerns but it was important to note that although the Trust is able to detain people under the Mental Health Act it does not necessarily mean that they have to be detained within a secure room.</p> <p>KW shared some feedback following a recent visit to AED and felt that the environment was not very pleasant and was crowded with no</p> | |

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| | <p>distraction for patients to keep them occupied such as a TV or information to read. KW felt that if patients had something to focus on it could help improve the patient experience which in turn impacts positively on staff experience. SA explained that one of the initiatives that the AED team wanted to introduce to tackle this was the Urgent Care Centre alongside AED as it was recognised that the number of patients attending AED was now significantly higher than when the department was first designed and developed. The creation of the Urgent Care Centre alongside the GP stream and the Minor Injury and Minor Illness Clinic helps to reduce overcrowding. SA advised that the Trust has submitted a bid for £4.4m of national funding which, if successful, will help to redevelop the area and transfer a significant proportion of patients with lower acuity out of AED. SA reported that colleagues from Estates and Facilities are currently looking at redecorating the AED area to provide a nicer environment. MHol added that the environment has been improved recently with some natural lighting, fresh air ventilation and art work and work continues to make the area more welcoming.</p> <p>The Board was assured by the update.</p> | |
| Bo.5.23.14c | <p>CQC Update – CQC Maternity Report</p> <p>KD advised that the factual accuracy on the draft report was returned to the CQC within the ten day deadline which was two weeks ago. The CQC then had ten working days to return the final report but KD is aware that there are some delays .</p> <p>MM asked when Board colleagues will be briefed on the report following receipt and KD explained that once the final report is received she will provide a briefing note to colleagues via email and also add the item to the next Board of Directors meeting.</p> <p>KD wished to thank the team and colleagues who undertook a very comprehensive check in terms of factual accuracy as they found a number of inaccuracies for which evidence was provided alongside the response.</p> <p>The Board was noted the update.</p> | |
| Bo.5.23.15 | <p>Research Update – Research Activity in the Trust</p> <p>RS explained that the report 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. RS emphasised the importance of research activity for healthcare and treatment improvement and referred to the Academic Unit for Ageing and Stroke Research (ASR) which is an integral part of the National Institute for Health Research (NIHR) unit. The ASR has both a national and international reputation as it plays a strong part in influencing national policy and RS was pleased to welcome Ms Anne Forster, Professor of Stroke Rehabilitation (AF) to deliver the presentation and provide an insight into the work of the unit.</p> | |

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| | <p>AF delivered the presentation and provided some background and an overview of the work of the ASR with its history dating back to 1985. AF explained how the ASR became part of the NIHR in 2006 which helped raise the profile of the unit further. AF talked through the various programmes, grants, outcomes, key metrics and key achievements of the AFR as detailed within the presentation.</p> <p>MM referred to the 29 active projects and asked if there is a list of these available and AF confirmed that details of these are available on the website.</p> <p>SN thanked AF for the presentation which provided a useful insight in terms of the background and the scale of the work that is undertaken within the unit and asked if there was anything that Board members could do support the work that is being undertaken. AF felt that the unit is a success as it is well developed and well known but welcomed any promotion of the work by colleagues.</p> <p>JL commended the great work of the unit and was pleased to see the amount of grants that have been invested in Bradford for research. JL asked about benefits realisation and whether any of the outcomes are captured to demonstrate this. AF explained that benefits realisation is one of the areas that is being focussed on in order to demonstrate outcomes but there is evidence from research projects that has been used to inform service provision.</p> <p>KW asked how research has contributed to the “happy, healthy and at home” agenda and how the good work of the unit is communicated to patients and the public both from an information sharing and signposting perspective as she felt there was lack of awareness of pathways. AF explained that she works very closely with the Stroke Association and the Delivery Network is also developing stroke pathways across the Place to keep people informed as this was an important aspect of the work that is delivered. AF agreed that although there is a stroke pathway there is still a gap in terms of engagement and this is something that colleagues are working hard to address in order to ensure that services are in place when patients are discharged from hospital.</p> <p>RS reflected on the work of the unit and said it was great to see that research really does make a difference to patients. RS referred to the different work that is going on in Bradford in relation to stroke pathways as well as the changes that are taking place in the Trust such as Ward 9 which is due to open as a rehabilitation unit and the clinical input that is relevant to stroke pathways. RS asked whether AF felt there was adequate integration with colleagues in relation to the focus that is given to developing and delivering elderly services in relation to stroke. AF advised that engagement has been limited over the last couple of years but this will be improved and a model similar to that at Leeds Teaching Hospitals NHS Trust is being developed. RS agreed to liaise with AF about this. MM thanked AF for her attendance to the meeting and delivering the presentation.</p> <p>RS highlighted the following key points from the Research Activity in</p> | |
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| | <p>the Trust Report:</p> <ul style="list-style-type: none"> The new Trust Research Strategy 'A Research Strategy for Health and Wellbeing – Delivering Research Excellence Together' has been produced and published. The strategy is key to the Trust's research success and sits alongside and compliments the Trust's Clinical Services Strategy of which research is a key component. RS highlighted the good work that is being undertaken in relation to the Learn Together project which started in October 2019 and is aimed to develop and test guidance to support more meaningful involvement of patients and families in healthcare incident investigations. RS advised that the guidance materials that the team at the Trust developed have since fed into the new national policy development as part of the engagement guidance sitting alongside the Patient Safety Incident Response Framework and due to this national impact, Professor Jane O'Hara (Chief Investigator), Dr Siobhan McHugh (Senior Researcher) and the Quality Governance team at the Trust won the 2022 Health Business Awards Patient Safety Award which is a fantastic achievement. RS referred to the Patient Wellness Assessment which has been developed in collaboration with healthcare staff at the Trust. This short assessment can be used by nursing staff during routine clinical observations to record patient reported changes in wellness and preliminary evidence suggests the assessment may support staff to identify early clinical deterioration. The Trust is a pilot site within the NHSE funded Worry and Concern Programme, which aims to explore approaches to involving patients in the recognition of, and response to, clinical deterioration. RS wished to highlight the Community Health Checks sessions that took place in Bradford where participants were offered a health check focused on cardiovascular disease, including blood pressure, BMI, cholesterol, and diabetes, alongside social prescribing, and resources to support participants to address the wider determinants of health. Further detail of this are included within the report. <p>The Board was assured by the update.</p> | |
| Bo.5.23.16 | <p>Update on Place Based Nursing Arrangements</p> <p>KD presented the update and advised that the paper provides the overview and oversight of the Place based nursing arrangements. In addition, the paper describes the key risk at Place and describes the portfolios of each Chief Nurse. The paper provides assurance for the Board that the twelve month trial (with three monthly reviews) will not have any negative impact on the Trust's Chief Nurse portfolio.</p> <p>The Board was assured by the update.</p> | |
| Section 4d: Partnerships | | |

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| Bo.5.23.17 | <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 referred to the various discussions that have taken place today which all have a link to partnerships. JH made reference to the key metrics within the dashboard and provided examples from each in relation to Reducing Inequalities, Act as One Place, ICB & West Yorkshire Association of Acute Trusts (WYAAT) and Anchor Institution.</p> <p>MP referred to the RAG ratings of each metric and reflected on whether some of them should be Green as opposed to Amber due to the amount of work and positive outcome of the work. JH agreed to review this closer ahead of the next report.</p> <p>PR provided examples of collaborative work with Calderdale and Airedale Trusts which also demonstrate firm foundations and strong relationships with neighbouring Trusts.</p> <p>MM referred to the Place Committees at which two of the Trust NEDs, JL and KW, are members and asked how these are progressing. JL advised that the Finance & Performance Committee is currently in the development phase and the next step is to move to the phase of actually making changes and moving forward together jointly. There is willingness to want to work together and make a difference and the next stage is to have the conversations about what this looks like when it is all put together and the challenges that are presented. KW explained that the People Committee is in a similar place and although the Committee did build some foundations it felt like a silo approach was being taken. However the Committee is now starting to look at the four key strategic areas and how things align horizontally which is the correct approach in order to work together and KW felt this was making a positive difference.</p> <p>The Board was assured by the update.</p> | |
| Section 4e: Audit & Assurance | | |
| Bo.5.23.18 | <p>Report from the Chair of the Audit Committee</p> <p>JL referred to the report from the Audit Committee meeting which was held on 18 April 2023. The report details the key matters that were discussed, considered and from which, where appropriate, assurance was gained by the Committee.</p> <p>The Board was assured by the update.</p> | |
| Bo.5.23.19 | <p>Board Assurance Framework (BAF) & High Level Risks</p> <p>JH presented the item and advised colleagues that the current BAF was developed a year ago and in line with the Risk Management</p> | |

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| | <p>Strategy, the BAF is reviewed on an annual basis to consider whether any risks should be amended or closed, and whether there are any new risks to add. A full review has been undertaken with the lead directors and proposed amendments have been made as required. The BAF was reviewed and agreed by the Executive Team on 17 April 2023. The Board of Directors reviewed and supported the proposed changes to the BAF risks at the Development Session on 20 April 2023 and subsequently the Academies reviewed and supported the proposed changes to the BAF risks within their remit at their meetings on 26 April 2023.</p> <p>JH confirmed no new strategic risks have been added to the BAF and none have been closed, however some of the risk descriptions have been revised to reflect the current context and these are detailed within the report. In terms of risk scores within the BAF, six changes have been made since the previous update at the March Board meeting and this is expected due to the changes that have been made to the descriptions and the annual review that has taken place. JH advised that there were six changes to the risk scores and talked through these as detailed within the report.</p> <p>In terms of the risk appetite statement JH advised that this is also reviewed on an annual basis to ensure that it remains relevant and up to date. The risk appetite statement was reviewed by ETM, followed by the Board at the Development Session on 20 April. It was also reviewed by the Academies in relation to the strategic objectives within their remit. There was one proposed change to the risk appetite level for 2b "To deliver our key performance targets" which was changed from 'cautious' to 'open'. In addition to this some minor changes to the supporting descriptions were made which are outlined in Appendix 2.</p> <p>In terms of the operational high level risks JH reminded the Board that all operational risks scoring 15 and above are escalated to ETM on a monthly basis and then to the relevant Academies and the Board. At its meetings on 20 March and 17 April 2023, ETM considered a summary of all high level risks 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 29 March and 26 April 2023. Details of these risks are included in the suite of papers and JH confirmed there were no exceptional items requiring escalation to the Board.</p> <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 are not appropriately controlled.</p> <p>The Board approved the proposed changes to the BAF risk descriptions and the proposed changes to the risk appetite statement.</p> | |
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| Bo.5.23.20 | <p>Report from the Chair of the Charitable Funds Committee including Annual Report 2022/23 and Terms of Reference</p> <p>MM introduced the item and referred to the suite of papers for the item which includes the report from the Charitable Funds Committee from the meeting held on 25 April 2023, the Committee's Annual Report for 2022/23 and the amended Terms of Reference for the Committee.</p> <p>The Board was assured by the update and was satisfied that the Committee has been effective in delivery of its objectives and approved the proposed amendment to the Committee's Terms of Reference.</p> | |
| Section 5: Governance | | |
| Bo.5.23.21a | <p>Annual Compliance Reports – Self Certification of Provider Licence and Compliance with NHS Code of Governance</p> <p>JH presented the item and explained that all NHS Foundation Trusts are required to self-certify annually to confirm whether or not they have complied with the conditions of the NHS Provider Licence. In addition to this NHSE requires the Trust to make a number of governance declarations which are certified by the Board of Directors. These declarations relate to four specific conditions of the licence as detailed within the paper. The Trust is also required to review its compliance in relation to this guidance for 2022/23.</p> <p>JH stated that the paper provides a summary of the Provider Licence, the contextual information and sources of assurance which the Executive Directors reviewed and confirmed on 3 April 2023. The Audit Committee subsequently reviewed the document on 18 April 2023 and confirmed it was assured by the report.</p> <p>In addition to this the Board is required to provide a specific declaration with regard to a specific condition of the provider licence in the form of a 'Corporate Governance Statement'. To support the self-certification against this condition the Board of Directors are required to certify that they are satisfied with the risks and mitigating actions against each area listed. JH reported that the Corporate Governance Statement was not presented for Executive review due to the interdependencies with regard to statements confirmed within the Annual Report and the Annual Governance Statement 2022/23. The Corporate Governance Statement will therefore be presented to ETM for review and sign-off on 12 June 2023, following which it will be presented to the Audit Committee on 22 June 2023. The finalised statement will be presented to Board for approval on 27 June 2023.</p> <p>MH referred to continuity of service statement in relation to the sign off of the Trust's financial plan. MH advised that there are a number of risks that will need to be added in relation to the statement prior to publication on the website.</p> <p>The Board approved the self-certification provided by the Trust in</p> | |

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| | <p>relation to the Provider Licence Conditions (as detailed within Appendix 1), and confirmed the declarations as detailed within the paper, noting that the relevant risks would be added in relation to the continuity of services declaration prior to publication.</p> <p>The Board also confirmed its approval of the compliance statements with regard to each provision within the Code of Governance.</p> | |
| Bo.5.23.21b | <p>Annual Compliance Reports – NED Independence Test</p> <p>JH presented the item and explained that the Trust Code of Governance specifies that the Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent. The Board should determine whether the Director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the Director's judgement. It is a requirement for the Board to discuss and confirm if it agrees that the Non-Executive Directors (including the Chair) do demonstrate the required independence.</p> <p>The Board approved the statements as detailed within the paper to be included within the Annual Report for 2022/23.</p> | |
| Bo.5.23.21c | <p>Annual Compliance Reports – Annual Review of Responsibilities of Chair, CEO and SID</p> <p>JH presented the item and explained that the new Code of Governance from the 1 April 2023 introduces a requirement that was not previously included. This requirement is a new obligation to publish the responsibilities of the Chair, the Chief Executive and the Senior Independent Director on the website. If the responsibilities change in the future then they will be revisited and updated.</p> <p>JH explained that although the responsibilities of the Chair, Chief Executive and Senior Independent Director have previously been approved by the Board in May 2020 they were not publicly available. The Board is asked to review and approve the responsibilities relating to these three roles prior to publication on the Trust website.</p> <p>The Board approved the information presented within the appendices to be published on the Trust website.</p> | |
| Bo.5.23.22 | <p>Constitution Annual Review</p> <p>JH presented the item and explained that the Constitution is subject to annual review by the Board and the Council of Governors. The Board is required to review and approve any changes prior to the Constitution being presented to the Council of Governors for review and approval in July 2023.</p> <p>JD advised that one material amendment has been proposed which is in section 6.10.4 on page 16 of Appendix 1. This amendment clarifies that a Governor can be removed from office for non-</p> | |

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| | <p>compliance with the Code of Conduct which they signed up to at the time of taking up office. All other changes are minor amendments.</p> <p>The Board approved the amendments proposed to the Constitution.</p> | |
| Bo.5.23.23 | <p>FT Membership Plan</p> <p>JH presented the item, the purpose of which was to advise the Board of the progress made with regard to the delivery of the Membership Plan 2022 which was approved in November 2021.. The plan sets out a series of objectives for the Trust, to continue to maintain, grow and engage with its membership, including the actions that it will take to meet these objectives. In approving the Membership Plan the Board also approved the establishment of a Membership Plan Delivery Group to oversee the delivery of the plan including the agreement of the timescales for the completion of the actions.</p> <p>In March 2022 the Membership Plan Delivery Group agreed target dates for the delivery of the actions as reflected in Appendix 1 along with three key ambitions with a target date of the end of March 2023. The progress report was reviewed by the Membership Plan Delivery Group on 14 March 2023 and of the three ambitions set, the position as at March 2023 is as follows:</p> <ul style="list-style-type: none"> • There has been an increase in the number of people with email address by 934 (against the ambition of 1,000) • No new members in the Public membership constituency of Keighley have been recruited • No new members between the ages of 16 and 22 have been recruited <p>JH reported that whilst the target for email addresses was almost achieved, the other two targets were not met. This is in part due to the focus, time and resources applied to building a communications and engagement infrastructure which is developing well. However, a lot of work has been taking place such as engagement with the Keighley membership constituency to build and utilise networks within that community. This is currently in the early stages and has not as yet translated into encouraging people to register as members of the Trust. In terms of seeking younger members work is being undertaken to develop links with the Trust's Widening Participation team and through this collaboration it is expected that there will be some positive breakthroughs with regard to the steady annual recruitment of younger members in 2023/24.</p> <p>KW suggested making contact with MPs for the relevant areas as a way to reach out to the Keighley community and young people across the district as there are an average of 70,000 constituents in each constituency and MPs are often engaging with constituents within their area.</p> <p>The Board noted the progress made with regard to the delivery of the Membership Plan 2022. The Board approved the roll-over of the core themes and objectives to 2023/24 and approved the ambitions</p> | |

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| | proposed for 2023/24. | |
| Bo.5.23.24 | <p>Annual Fire Safety Report</p> <p>MHol presented the item and explained that the Annual Fire Safety Report is presented as part of the organisational assurance process to demonstrate compliance with mandatory requirements of Firecode HTM 05-01 and the Regulatory Reform (Fire Safety) Order 2005.</p> <p>MHol advised that the report provides assurance that risks arising from fire are being effectively managed and the report also confirms the Trust's continued commitment to effectively managing fire safety as demonstrated within the paper.</p> <p>MHol highlighted that the report demonstrates the great work being undertaken to deliver a robust system of fire safety management across the Trust's estate. MHol alluded to the two fires that are identified within the report and the response to both of these incidents by the Trust Fire Safety Team was very professional and all procedures were followed correctly.</p> <p>MHol wished to highlight the vast improvement in fire risk assessments which has all been reassessed in the last twelve months. There are now 161 up to date and fit for purpose risk assessments which puts the Trust, staff and patients in a much safer place and is great news.</p> <p>MHol made reference to fire detection and advised that it was important to note the backlog maintenance position of the Trust estate. The Trust estate is very old and a significant five year rolling investment programme starting with the Maternity Block is underway to upgrade all the fire alarm systems across the Trust and replacing with a new system.</p> <p>In terms of training the Trust has 89% of its employees trained in fire safety. This is a slight improvement compared to the same time the previous year. Difficulties getting shift-working staff to scheduled training sessions have been addressed by the flexibility of the Fire Safety Trainer in delivering training programmes out of hours. A new fire safety training package has been produced and face-to-face training sessions are taking place again. Feedback from staff regarding the new training has been positive.</p> <p>SN asked about the unwanted alarms and fire signals statistics and whether this was staff or patients or a mix. MHol explained this was a mix of both staff and patients.</p> <p>SN asked about patients who smoke whilst they have flammable alcohol based medication applied to skin and the risk this poses both to the patient and those around them and whether the Trust is cited on this risk. MHol confirmed that all provisions are in place from an infrastructure environment perspective to manage this risk but the local care package for that individual should ascertain the fire risk and what mitigation is in place via a risk assessment at local level.</p> | |

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| | The Board was assured by the update. | |
| Bo.5.23.25 | <p>Annual Security Report (including violence prevention and reduction standard)</p> <p>Item deferred to the July meeting due to the unavailability of data.</p> | |
| Bo.5.23.26 | <p>Date Security & Protection Toolkit</p> <p>PR introduced the item and explained that the Data Security & Protection Toolkit (DSPT) is a Department of Health and Social Care (DHSC) policy delivery vehicle that NHS Digital (now NHSE) is commissioned to develop and maintain. It is an online self-assessment tool that allows organisations to measure their performance and provide an Assurance of Standards Met against all mandatory Assertions in line with the National Data Guardian's data security standards. The 2022/23 DSPT Assessment final submission will take place on 30 June 2023. PR explained that this paper updates the Board on the expected final position and sets out the recommended Data Security and Protection Toolkit (DSPT) annual assessment 'rating'.</p> <p>PR invited JPo to highlight any key aspects for the attention of the Board. JPo explained that a review of all available evidence had been completed at the time of the report. A review of remaining evidence is ongoing. The Board is asked to note the "Standards Met" forecast rating. JPo wished to highlight that mandatory training has a target of 95%, which has been previously achieved. At the time of the report this was at 87% but this does not take into account the staff absence and turnover statistics therefore it is expected to increase. Reminders are also being communicated to all staff to complete their mandatory training from now up until the 30th of June 2023. If the target is not achieved at the point of submission then the consequences of that are that the whole toolkit would result in "standards not met" or "approaching standards" which would mean that an action plan would need to be put in place to demonstrate how this will be achieved.</p> <p>Audit Yorkshire has completed its review of Assertion items this Assessment year. A draft report of the outcome of the review is with the SIRO. A final version is expected to be available during May. The Audit Yorkshire opinion is very positive stating that the outcome is reflective of the highest achievable ratings in accordance with the NHS Digital Framework. This is incredibly positive and an improvement on last year and provides assurance of the controls that are in place.</p> <p>MM asked if any of the incomplete assertions are of any concern. JPo explained that the internal audit recommendation has now been evidenced, and the only other one is in relation to mandatory training which JPo has alluded to earlier.</p> <p>The Board noted the current position and supported the proposal to delegate approval of the 2022/23 DSPT Assessment prior to 30 June</p> | |

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| | 2023 to the DDTC/SIRO on the basis of a Standards Met conclusion, which equates to a position of compliance with all mandatory Assertion items by 30 June 2023 subject to final evidence as outlined in the paper. | |
| Section 6: Board Meeting Outcomes | | |
| Bo.5.23.27 | Any Other Business No other business was discussed. | |
| Bo.5.23.28 | Issues to Refer to Board Committees/Academies or Elsewhere There were no issues to refer to the Board Academies or elsewhere. | |
| Bo.5.23.29 | Date and Time of Next Meeting 13 July 2023, 10am | |

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 11 May 2023

| Action ID | Agenda Item | Required Action | Lead | Timescale | Comments/Progress |
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| 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 | | | | | |