

BOARD OF DIRECTORS OPEN MEETING MINUTES

At a scheduled meeting in public of the Board of Directors of Bradford Teaching Hospitals NHS Foundation Trust on 13th July 2023, with Dr Maxwell Mclean in the Chair and Laura Parsons as Board Secretary, the minutes of the previous meeting on 11th May 2023 were read and approved.

Signed: _____ Chairperson

Signed: _____ Board Secretary

Date:	Thursday 13 July 2023	Time:	10:00-15:00
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) - Professor Louise Bryant (LB) - Mohammed Hussain (MHu) - Julie Lawreniuk (JL) - Jon Prashar (JP) - Altaf Sadique (AS) - Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer (SA) - Professor Karen Dawber, Chief Nurse (KD) - Matthew Horner, Director of Finance (MH) - Dr Ray Smith, Chief Medical Officer (RS) 		
In Attendance:	<ul style="list-style-type: none"> - Mark Holloway, Director of Estates and Facilities (MHol) - Faeem Lal, Interim Director of Human Resources (FL) - Laura Parsons, Associate Director of Corporate Governance and Board Secretary (LP) - Katie Shepherd, Corporate Governance Manager (KS) - Jill Clayton, Deputy Director of Nursing (JC) for item Bo.7.23.3 - Joanne Hilton, Director of Nursing/Deputy Chief Nurse (JHil) for item Bo.7.23.12 - Sara Hollins, Director of Midwifery (SH) for item Bo.7.23.10 and Bo.7.23.11 		
Observing:	<ul style="list-style-type: none"> - Mohammed Musa, Communications Officer - Two members of the public 		

No.	Agenda Item	Action
Section 1: Opening Matters		
	Chair's Opening Remarks	
	MM welcomed all attendees to the meeting. MM advised that due to the industrial action taking place today a number of Executive	

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	<p>Director colleagues would need to leave the Board meeting intermittently to attend to operational matters and; MP would also leave the meeting between 1.30pm and 3pm to attend a GP event.</p> <p>MM reminded colleagues that today is MHol's last Board meeting as he is due to leave the Trust for a new external position. MM thanked MHol for his contributions and commitment to the Trust during his tenure as Director of Estates and Facilities. MHol's experience and knowledge has been invaluable and he will be missed by colleagues and friends here at the Trust.</p> <p>MHol thanked MM for his kind words. He has genuinely enjoyed working here at the Trust during the last few years and will miss his team, colleagues and friends.</p>	
Bo.7.23.1	<p>Apologies for Absence</p> <p>Apologies were received as follows:</p> <ul style="list-style-type: none"> - Sughra Nazir, Non-Executive Director (SN) - Barrie Senior, Non-Executive Director (BS) - John Holden, Director of Strategy and Integration (JH) - Dr Paul Rice, Chief Digital and Information Officer (PR) 	
Bo.7.23.2	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
Bo.7.23.3	<p>Patient Story</p> <p>KD introduced Wendy's story. KD explained that Westwood Park (WWP) is one of two wards at the Trust that has achieved the bronze standard in the newly launched 'ward accreditation programme' and this story demonstrates that the holistic approach to the care Wendy received was exemplary.</p> <p>As detailed within the patient story summary, Wendy talks about her patient journey and compares how she felt the first time she was in hospital when she did not feel she received the help she needed to get her moving forward. However, once she was transferred to WWP Wendy reported that she received help throughout her recovery and could not praise the team at WWP enough for what they did to help her walk again with aids. Wendy believes that the speed of improvement was due to the length of stay at WWP rather than being at home as she had immediate access to the physiotherapists and the gym. KD welcomed Jill Clayton, Deputy Director of Nursing (JC) to provide further insights into Wendy's story and the role of the team at WWP.</p> <p>JC felt that Wendy's story demonstrates the challenge that is faced in Bradford from a deconditioning perspective. Deconditioning is primarily associated with older people and therefore plays a large part in the care of the elderly. It is important to use a holistic</p>	

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	<p>approach which takes into account both physical and mental wellbeing and incorporates social and environmental factors and therefore is multifactorial.</p> <p>JC explained that across the country the normal deconditioning frailty elements are recognised in people who are aged 80 plus. However in Bradford, which has significant challenges with regard to poverty and health inequalities, this has dropped to at least the age of 60. The Trust is routinely admitting patients aged 60 plus who are presenting as if they are chronologically in their 80s or above. This is why it is important to implement the element of care that is routinely provided to elderly care, to a younger generation. To do this JC recommended that one of the next steps should be to have a frailty team that provides outreach from the expertise of the elderly care department across the rest of the Trust. For example working with patients on other wards who require a wider element of care to optimise their wellbeing. It is also important to provide this to surgical patients in order to optimise their care pre-operatively so that they have a better operative experience and a shortened post-operative recovery period. JC added that the significant challenges in Bradford have also been compounded by the impact of Covid-19. This is not something that can be addressed within 12-18 months but should be a long term ambition over the next 15 to 20 years.</p> <p>RS agreed that the quality of care within the elderly department is of a very high standard and the approach in terms of minimising deconditioning is absolutely the right approach. It is also important to recognise that keeping a patient in their bed helps to minimise falls, but mobilising patients at an early stage helps with their recovery. Everything possible is done to minimise falls but some may occur. RS further praised the work of the elderly team and referred to the virtual ward that was implemented with elderly patients. This is a transformative piece of work which helps keep patients at home and the initiative has been pioneered nationally. The virtual ward concept has also successfully been implemented across other departments within the Trust through the Virtual Royal Infirmary (VRI) initiative which is very positive.</p> <p>KW referred to VRI and asked whether it is difficult to provide the right care when patients are not on site. JC explained that the Trust was one of the first hospitals in the country to develop the virtual ward which has been in existence for more than a decade. The virtual ward has a multi-disciplinary team which includes consultants, nursing staff and physiotherapists. Assessments take place at the patient's home to ensure the right care can be delivered. This also involves carers and social care colleagues to ensure a holistic approach and the service is 24/7, therefore care can be delivered overnight if required.</p> <p>JL asked if there is more that can be done as a system to make this type of care a priority, as Wendy's story clearly demonstrates that it makes a positive difference to people's lives and the services are of a good quality. MP reported that Healthy Communities recently commissioned an intermediate care review which was undertaken by</p>	

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	<p>Dr Louise Clarke, Priority Director for Healthy Communities and Clare Smart, Associate Director for Bradford District and Craven Health and Care Partnership. A number of recommendations have been shared and one of the challenges for the Trust is to protect the integrity of the model whilst being agile in relating better to partner organisations, to ensure the right level of support is mobilised within the system. A formal programme is in place to progress this.</p> <p>MP wished to bring some other issues to the attention of the Board which relate to this topic. The first is the financial situation of the local authority and their need to take necessary actions to remain within their budget. This will inevitably have an impact on the provision of social care, domiciliary care and other bedded units which currently allow the opportunity to step down patients from acute care. The Trust is one of the best performing hospitals nationally in terms of the number of patients that are no longer deemed to be requiring services from an acute care organisation and can be referred on. However performance will be impacted as a result of the reduction in beds as described.</p> <p>The second point MP made was in relation to the ageing population. Currently Bradford has the benefit of large sections of the community caring for their loved ones themselves which reduces the burden on formally funded services. However as time goes on this will diminish as it is currently undertaken by a certain generation which has the ability to care for their elderly members. The impact of this diminishing level of care will result in a huge increase in demand for services in the coming years.</p> <p>MM thanked JC for attending.</p>	
Section 2: Business From Previous Board Meeting		
Bo.7.23.4	<p>Minutes of the Meeting held on 11 May 2023 The minutes of the meeting held on 11 May 2023 were approved as a true and accurate record.</p>	
Bo.7.23.5	<p>Matters Arising The actions from the log were reviewed and the outcomes agreed have been recorded within the action log.</p>	

Section 3: Business Reports		
Bo.7.23.6	<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"> JL in her role as Deputy Chair had attended a session with NHS Providers on 6th July with Governors and NEDs to discuss the role of each and to help relationship building. She advised it was a good conversation and she intended to meet with MM, LP and David Wilmshurst, Vice-Chair of the Council of Governors, to consider how best to take actions forward. MM thanked MH for the production of the 'executive brief' focusing on the Trust's financial performance as part of the recently published Summer 2023 bulletin which had been well received by Governors. <p>The Board noted the report.</p>	
Bo.7.23.7	<p>Report from the Chief Executive</p> <p>MP presented the report which provided an overview in relation to patients, people, place and partners. MP made reference to the following key points:</p> <ul style="list-style-type: none"> There continues to be Industrial Action by Junior Doctors and Consultants, with the strike response being led by SA, supported by KD and RS who, along with their teams, are working tirelessly to ensure patient safety is not compromised. There are significant impacts on elective care, but the Trust has maintained high levels of outpatient appointments and urgent cancer referrals against plan. MP recognised the number of non-striking staff who are working extra shifts and working more flexibly to keep patients safe. MP referred to a piece of filming at the Bradford Royal Infirmary (BRI) by BBC Look North as part of the 75th Anniversary of the NHS and encouraged colleagues to watch this whilst it is still available to view. MP was honoured to welcome HRH Princess Royal to officially open the maternity unit, and hear the impact that the investment was having on babies and their families within Bradford. <p>MHu referred to the success of schemes designed to prevent unnecessary admissions as mentioned in the report and queried what data was available to demonstrate this success. SA advised he would share the data with colleagues following the meeting.</p> <p>JP queried whether there may be a harder stance taken by Junior Doctors at this round of industrial action compared to previously. RS advised that the Executive team has made efforts to maintain good relationships with Junior Doctors and has not seen any change in attitudes as a result of this strike, and do not anticipate any deterioration in relationships. FL echoed this noting that all colleagues are very aware that this is a national dispute and is not</p>	Chief Operating Officer

	<p>with the Trust itself.</p> <p>The Board noted the report.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Quality and Patient Safety		
Bo.7.23.8	<p>Report from the Chair of the Quality & Patient Safety Academy (QPSA) – May and June 2023</p> <p>MHu provided an overview of the reports from the Quality & Patient Safety Academy (QPSA) in May and June 2023 and made the following key points:</p> <ul style="list-style-type: none"> • MHu advised that SN had chaired the May meeting in his absence and placed his thanks on record for this. • During the May meeting of the Academy there was focus given to the topic of health inequalities and opportunities for further work were identified, including the provision of a toolkit to staff to empower them to ask questions on broader issues which may impact people's wellbeing and outcomes. • SN had noted that the papers were of a good quality but there was a need to ensure that there was sufficient time for questions and discussions, and more work required on encouraging more NED contributions. • During the June meeting, the Academy had a detailed discussion on the Summary Hospital Level Mortality Indicator (SHMI), where it was noted that the Trust's SHMI value was increasing. There were some issues in relation to the depth of coding which had been noted and action was being taken to address this. • The Academy wished to alert the Board of the incident reported to the Health and Safety Executive under RIDDOR during this financial year in relation to a fire/explosion of diesel fuel in the boiler room of BRI. The Academy had recognised that the People Academy had also been made aware of this incident. <p>RS echoed the importance of the SHMI discussion reflecting that the Trust is not a statistical outlier for SHMI, but there was work to be done to ensure that the codes are accurately used. He also advised that whilst SHMI can identify when there are a higher number of deaths than expected, one would need to review patient level data to identify the reasons behind this and to see if any deaths were avoidable.</p> <p>MHu reflected on the importance of having a Digital representative at Board, recognising the reliance on technology and hoped that a representative would always be available upon commencement of a Deputy Chief Digital & Information Officer in post.</p> <p>The Board was assured by the update.</p>	
Bo.7.23.9	<p>Infection Prevention and Control Q4 Annual Report</p> <p>KD presented the report and made reference to the following key points:</p>	

	<ul style="list-style-type: none"> The Trust was performing well against IPC standards in comparison to other Trusts. KD advised Board colleagues that there were a number of bacteraemia reduction measures in place such as the implementation of an Octenisan antibacterial body wash, and data showed that these were effective in reducing the levels of infections. <p>KD commented that this was overall a very positive report.</p> <p>The Board approved the further actions and mitigations as detailed in the main report against the risks identified.</p>	
Bo.7.23.10	<p>Maternity & Neonatal Update</p> <p>KD introduced the maternity and neonatal service update reports from May and June and invited SH to present the item.</p> <p>SH presented the update and highlighted the following key point:</p> <ul style="list-style-type: none"> The Avoiding Term Admissions into Neonatal Units (ATAIN)/Transitional Care Unit (TCU) quarterly report had been shared with the QPSA which demonstrated compliance with safety action 3 of the maternity incentive scheme. <p>MM noted that there appeared to be an increase in stillbirth rates, and SH advised that an internal review had been triggered to look at any emerging themes or trends. The outcome of this review showed that the only common trend was that a number of the women were part of the vulnerable category, and whilst the review showed that sadly there was not much further that the Trust could do to prevent these deaths, there was a possibility of more system working to identify women that had not yet presented at booking so were unknown to the Trust maternity services.</p> <p>SH also advised of a spike in neonatal deaths which had been identified early on and so this had been reviewed to ensure there were no emerging themes or trends. This was confirmed to be the case. The internal review also looked at comparative tertiary units which confirmed that the Trust was not an outlier in terms of the number of deaths.</p> <p>SH also put on record her thanks to estates and facilities colleagues in ensuring the unit was in an immaculate condition for the recent HRH visit.</p> <p>The Board was assured by the update and approved the six recommendations detailed in the paper.</p>	
Bo.7.23.11	<p>CQC Maternity Report & Action Plan</p> <p>KD advised that the final CQC maternity inspection report had been published and shared with the Board, and welcomed SH to present</p>	

	<p>this item.</p> <p>SH made reference to the following key points:</p> <ul style="list-style-type: none"> • A significant fact checking exercise had taken place upon receipt of the draft report. • In relation to the improvement action plan, there were two key elements that had led to a 'requires improvement' position and were identified as 'must dos'; medication measures and staffing pressures in the maternity assessment centre. SH confirmed that the maternity unit was now at 100% compliance with destruction of epidural fluid which could be evidenced, and new staffing models were being developed to address the issues with staffing at the maternity assessment centre. <p>KD expressed her disappointment that the score for patient safety was still 'requires improvement' but recognised the substantial improvements made to patient safety which was reflected in the number of 'must dos' identified in the CQC report, which had reduced to two this time in comparison to the 17 identified during the 2019 visit.</p> <p>KD also recognised that there are now a larger number of presentations to the maternity assessment centre (due to women being encouraged to attend for monitoring where there are any concerns of potential risks or harm to either the mother or baby), which requires a new staffing model due to a higher demand for doctors. The team were working on developing this staffing model as detailed in the improvement plan.</p> <p>The Board was assured by the update.</p>	
Bo.7.23.12	<p>Patient Experience and Engagement Strategy – Final Draft</p> <p>KD introduced the item advising that it was being presented for Board approval.</p> <p>JHil attended the meeting to present the strategy and the Trust approach to the six key aims as detailed in the paper.</p> <p>MP referred to the 'Reach In, Reach Out' work which was being undertaken by the Organisational Development (OD) team to encourage senior leaders to either reach in to the organisation and spend a half day 'on the floor' in the Trust or reach out to an external voluntary service and spend time with them understanding what they do within the community to develop a deeper understanding of the people we serve. She recognised the connections that could be made to the strategy via this piece of work.</p> <p>AS recognised that the families and carers of patients were often the first to pick up any problems with treatment pathways, and so there was a need to be able to gather this feedback but in a way to not overwhelm the system. KD also recognised the importance in</p>	

	<p>listening to families and, ensuring that visiting and carer policies incorporated effective methods to enable concerns to be heard.</p> <p>LB recognised the need to consider kindness in different environments and understand what kindness means to different people. This would be of particular importance in those situations when kindness might feel difficult to display.</p> <p>The Board approved the development of the strategy and the consultation process undertaken.</p>	
Bo.7.23.13	<p>Research Activity in the Trust</p> <p>RS presented the paper which detailed the research activity being undertaken in the Trust, recognising the extent of the work being undertaken by the Bradford Institute for Health Research (BIHR) - which has 498 active projects running at present. RS highlighted in particular those underway with regard to addressing health inequalities:</p> <ul style="list-style-type: none"> • The Academic Unit for Ageing and Stroke Research had been awarded a £412,250 research grant to develop methods to identify digitally excluded older people, and tailor interventions to meet their digital needs. • ActEarly is a funded collaboration between Bradford and Tower Hamlets with a vision to create City Collaboratives in areas of high child poverty that provide research ready, people-powered and data-linked test beds to co-produce, implement and evaluate multiple early life interventions to prevent disease and reduce inequalities. • The Community Health Checks project ran its first session at a local community centre and initial analysis has indicated that the health check contributed to a new diagnosis of diabetes in three attendees and a new diagnosis of hypertension in two attendees. • A study has been launched through Born in Bradford to explore the impact of health from indoor air pollution. This study is one of the first to quantify indoor exposure and the impact on health. <p>MHu recognised the need to ensure the work undertaken by BIHR links back to the Trust and RS advised that these connections are happening and are strengthened as a result of the regular reporting to Board.</p> <p>The Board noted the report.</p>	
Section 4b: People		
Bo.7.23.14	<p>Report from the Chair of the People Academy – May and June 2023</p> <p>KW provided an overview of the reports from the People Academy in May and June 2023 and made the following key points:</p>	

	<ul style="list-style-type: none"> • The May meeting was a very busy agenda, but focus was given to an update on Outstanding Pharmacy Services led by JH and Kate Lavery, Programme Manager. • The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) reports were presented which highlighted three priority WRES areas identified for improvement – career progression in clinical roles (bands 5 and under), career progression in clinical roles (development towards 8A+), and Board representation. KW noted that there was still work to be done in this space but the Academy had acknowledged and celebrated the great work to date. • The Academy had recognised the impact that Industrial Action was having on colleagues, both those striking and those not. • The July meeting had a discussion on retention and recruitment, and KW highlighted the drop in staff turnover for the tenth month running but noted the number of high nursing and midwifery band 5 vacancies and band 2 HCA vacancies. • The July meeting also heard a report from a deep dive into bullying and harassment and the 45 disciplinary cases reviewed. There were several key themes identified such as creating a culture of civility and respect, understanding cultural and other differences, and impact of unwanted and unprofessional banter and behaviour. As a result, the HR and OD team were working on upskilling and supporting managers to help them deal with issues informally where appropriate. Further details would be shared at the closed Board meeting. • KW highlighted that the Academy had celebrated 2022/23 medical appraisal and revalidation performance which had an overall rate of 90.78%. The move from an admin heavy process to a focus on wellbeing and optimised learning was recognised. • There had been a large amount of work in the people experience space such as civility, looking after our people and the robust action plan in response to NHS staff survey results. The OD team is looking at a refreshed wellbeing offer and planning a wellbeing week in September. • Colleagues are being encouraged to partake in 'Reach In, Reach Out'. The general consensus from Board colleagues was that they would like to be involved in this. <p>MM queried the process for those doctors that miss their validation period as a result of a missed appraisal. RS confirmed that if this is missed there is no grace period for revalidation, but highlighted that most missed appraisals are 'approved' due to reasons such as maternity leave, long term sick, and so there is no need for them to revalidate for that period. In addition, there are a number of colleagues who have a missed appraisal due to timings of their commencement at the Trust and therefore they have not worked for a sufficient time to be effectively appraised.</p> <p>MHu sought clarity on the number of senior leaders from an ethnic minority and MP confirmed these details are available via the dashboard included in the People Academy report. He also made reference to a recent Freedom of Information report in which Trusts had been asked to provide the number of BAME registered doctors referred to regulatory bodies. He acknowledged that the Trust had</p>	
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	<p>relatively low referrals in comparison to other Trusts, but noted that a neighbouring Trust had quite a high level of referrals and queried why this may be the case. FL confirmed he had no insight into this but would make an informal query to establish if there was a matter of concern.</p> <p>KW highlighted that there are a number of other protected characteristics that colleagues need to be conscious of that are often not referenced or commented on (for example, sexual orientation), but that often show discrepancies at high levels and so recognised there is further work to be done to ensure that reports are truly inclusive of all such characteristics.</p> <p>It was also highlighted that the national NHS People Lead had made reference to the great work Bradford is doing on the People Promise, the Outstanding Service programmes etc. in her published blog, and the Board noted that it was great to receive such national recognition.</p> <p>The Board noted the update.</p>	Interim Director of HR
Bo.7.23.15	<p>Strategic Equality & Diversity Council Update</p> <p>MP provided a verbal update and made reference to the following key points from the meeting on 11th July 2023:</p> <ul style="list-style-type: none"> • The meeting received and discussed the WRES and WDES reports but MP noted this had already been covered in substantial detail under a previous item. • Colleagues at the meeting had heard from all the LGBTQ+ staff network, and recognised the collaborative effort across Place to have a staffed stall at the Bradford Pride Event. • Members of the RESIN staff network also attended the meeting and updated that the network now consisted of 129 members. There were a number of activities planned, with the next main event being South Asian Heritage Month. Rukeya Miah, Chair of the Network, announced her resignation and the future role of Chair would be explored over the coming weeks. Colleagues thanked Rukeya for her contribution to the network during her time as Chair. • The ENABLE staff network reported that they were now increasing in numbers, and their future plans included further work with place based partners taking the travelling photography exhibition out into the community. <p>JP noted the commendable progress made in the equality, diversity and inclusion arena as a result of MP's leadership.</p> <p>The Board noted the update and noted that a full written report of the meeting would be received at the next Board meeting.</p>	
Bo.7.23.16	<p>Freedom to Speak Up Annual Report</p> <p>KD presented the report and made reference to the following key</p>	

	<p>points:</p> <ul style="list-style-type: none"> • The report has been presented previously to the People Academy. • The Freedom to Speak Up (FTSU) group advertises their work very openly and ensures staff groups are represented appropriately at ambassador level. • Concerns are routinely monitored to identify any themes along lines of protected characteristics. • Following a recommendation from Ockenden, KD noted that there were now two FTSU ambassadors and student ambassadors within maternity. • KD requested further support from Board in encouraging colleagues to undertake FTSU training, recognising that there were some areas in which this could be expanded. • KD recognised that initially, FTSU was very reactive at responding to incoming concerns but now aims to work proactively in going out and seeking concerns from colleagues in order to improve. <p>JP queried whether there had been any improvements in the confidence of colleagues raising concerns. KD noted that FTSU is intended to be a 'last resort', so it was unclear whether concerns were raised and managed using line management or Datix routes and therefore not escalating up to FTSU level, or whether there was a lack of confidence by colleagues in the FTSU process. However, she confirmed that FTSU guardians did often receive messages from people stating that they had been encouraged by their supervisor to contact FTSU.</p> <p>LB asked if there has been an attempt to recruit student ambassadors to areas other than maternity, such as medical students. KD confirmed that these staff groups have been approached and asked in the past to join as an ambassador but they have not always been forthcoming. She accepted there is possibly a need to try encouraging further uptake in such areas.</p> <p>The Board was assured by the update.</p>	
Bo.7.23.17	<p>Looking After Our People</p> <p>FL provided a verbal update and made reference to the following key points:</p> <ul style="list-style-type: none"> • FL reported that the Thrive website is being refreshed and expanded to ensure it remains accessible and useful for colleagues. • A pilot has commenced to look at flexible working and he would report further on this as appropriate. • FL noted that there had been a focus on training in May around 'Civility at Work'. • FL also made reference to the very successful and well attended Thrive Leadership Conference that took place in June. • FL highlighted the improved rest facilities in place for colleagues 	

	<p>including the garden area which could be accessed from the main concourse at BRI.</p> <p>The Board noted the update.</p>	
Section 4c: Finance and Performance		
Bo.7.23.18	<p>Report from the Chair of the Finance and Performance Academy – May & June 2023</p> <p>JL provided an overview of the reports from the Finance and Performance Academy in May and June 2023 and made the following key points:</p> <ul style="list-style-type: none"> • The 22/23 financial year was now over the line and the Trust had delivered the financial plan which was a fantastic result by the organisation, particularly given the difficulties in the audit process. • 23/24 would be much more challenging; particularly for Clinical Service Units (CSUs) in delivering their share of the waste reduction target they have been set. The Academy is receiving good assurance on this but JL noted the £8m risk that needs to be managed. The month 2 position is forecasted to deliver on plan. It was noted that all organisations in WYAAT were facing a challenging financial position this year. • The industrial action has and will continue to result in less activity being delivered which in turn will impact on performance targets and there are increased costs impacting on delivery of the financial plan. • A financial controls letter was received by the Academy. The Board was asked to note though that the Academy was disappointed by the approach set out in the letter which felt at odds with the working arrangements and accountability arrangements of the Trust. • The Operational Excellence report had been well received at the Academy. The report sets out the aspirations for the future as well as reflecting on what has passed. • Discussions were held at the June Academy on the intent to focus on sustaining current performance levels during 23/24 given ongoing events such as the industrial action periods and the development of the day case unit at St Luke's Hospital. <p>MH advised that the audit process had been particularly difficult in comparison to previous years and he would update further at the closed Board. Despite this, all annual audits and accounts have been submitted. JL recognised the excellent work conducted by the Finance team in such a frustrating and challenging circumstance and asked that her appreciation for this be recorded.</p> <p>SA recognised that whilst performance in relation to diagnostics is not quite as desired, given the current challenges he did believe it to be appropriate to focus on sustaining current levels of service. KW noted that from a 'people' perspective, it was good to see recognition of the pressures colleagues are under and this was an important message for staff to hear.</p>	

	<p>KD supported the ambition to progress performance from April 2024 but recognised that this has to be discussed across Academies rather than in silo given the impact on all. It was suggested that this could be a topic for more strategic discussions nearer the time.</p> <p>The Board noted the update.</p>	
Section 4d: Partnerships		
Bo.7.23.19	<p>Partnerships Dashboard</p> <p>MM introduced the item in the absence of JH noting 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>MM asked colleagues if there was anything in particular that they wished to raise in relation to the Dashboard and there were no issues noted.</p> <p>The Board noted the update.</p>	
Section 4e: Audit & Assurance		
Bo.7.23.20	<p>Report from the Chair of the Audit Committee</p> <p>JL advised that BS chaired the Audit Committee meetings but had not yet had sufficient time to produce a written report. On behalf of BS, JL asked the Board to note the following key points:</p> <ul style="list-style-type: none"> • The draft accounts for 2023 were not signed off at the meeting as the report was not available at that time. • The Trust had received a very good internal audit progress report, with all audits having 'high' or 'significant' levels of assurance. There had also been good progress on the internal audit recommendations. • All counter fraud standards were at 'green' apart from one which was at 'amber', and the 'amber' rated standard was not currently possible to reach 'green'. • The annual governance statement had been considered and approved. • The Audit Committee was working with PR on the assurance of a number of key IT and data quality issues, with work now progressing. • There were a number of service auditor reports still outstanding – EPR, Payroll, and Shared Business Services. • The draft annual report had been signed off and the final version had been considered at the meeting. • The Academy annual reports had all been received and noted by the Audit Committee who confirmed sufficient assurance had been provided. <p>The Board noted the update.</p>	

Bo.7.23.21	<p>Report from the Chair of the Charitable Funds Committee</p> <p>MM introduced the report from the Charitable Funds Committee from the meeting held on 4 July 2023 which was chaired by Altaf Sadique.</p> <p>AS highlighted the following key points:</p> <ul style="list-style-type: none"> Regarding the Rathbones investment update, the Committee unanimously agreed to exclude any investments associated with gambling. AS noted that the legal due diligence work required to support the Charity in moving towards independence was continuing well. The intention was to be in a position to present a recommendation to the Board in September or November for the Charity to become independent or not. AS reported that it had been JH's final Charitable Funds Committee meeting and he thanked JH for all the work he undertook in leading the Charity to its current place. <p>In response to the exclusion of any investments associated with gambling, FL queried the funding provided by the National Lottery and whether this fell into the gambling category. AS advised that this was not categorised as gambling as it has been set up for the purpose of providing to charities rather than with a view for making profit.</p> <p>AS also asked the Board to approve three recommendations:</p> <ul style="list-style-type: none"> The Charity appoints an external auditor in line with Charity Commission guidelines that provides more value for money; Where possible and in line with the Charity Commission guidelines, the Charity's external auditor carries out an independent examination. Where it is not possible because gross income exceeds £1.0m an audit will take place; and The final decision on the appointment of external auditors and type of audit work is delegated to the Charitable Fund Committee. <p>The Board was noted the update and was satisfied that the Committee has been effective in delivery of its objectives.</p> <p>The Board approved the three recommendations as detailed above.</p>	
Bo.7.23.22	<p>Board Assurance Framework (BAF) and High Level Risks</p> <p>LP presented the item on behalf of JH and advised colleagues that the BAF was reviewed and agreed by the Executive Team on 19 June 2023.</p> <p>There have been no changes made to the BAF strategic risks since the previous update at the May Board meeting.</p> <p>AS noted that Risk 3676 in relation to Lone Workers Devices has now passed its mitigation date, and recognised the importance of expediting this work given the impact on patient safety. MHoI stated</p>	

	<p>that the Lone Worker Device policy has been rewritten accordingly but is pending a review from IT colleagues regarding a new device that meets the requirements. KD confirmed that maternity colleagues had been asked to trial a new device which initially appears to be working well and there is a need now to review how to expand this wider. She would work with PR to refresh and reword the risk to recognise the progress made to date.</p> <p>In terms of the operational high level risks LP 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 15th May and 19th June 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 in May 2023 and June 2023. Details of these risks are included in the suite of papers and LP confirmed there were no exceptional items requiring escalation to the Board. In addition, LP advised the narrative in the cover paper has changed to include changes reflected on the movement log for clarity purposes.</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>Chief Nurse</p>
Section 5: Governance		
Bo.7.23.23	<p>Annual Security Report including Violence Prevention and Reduction Standard</p> <p>MHol presented the report and made reference to the following key points:</p> <ul style="list-style-type: none"> • The report has been compiled in a time period of moving back into 'business as usual' following Covid-19. • There are new violence prevention and reduction standards which are required to be reported to Board and are therefore included within the report. • The Trust has been targeted for car crime in the reporting period, specifically integrated satellite navigation systems and catalytic converter thefts, and work has been undertaken to proactively manage this. • There is an ongoing review of the security service and the development of an option appraisal of the future security model required to provide continued assurance that the Trust has appropriate security management and staffing arrangements in place to protect staff, patients and visitors. The option appraisal has been presented at the inaugural Violence Prevention and Reduction (VPR) task and delivery group meeting and members, who have been chosen to represent all areas across the Trust, have been asked for their input and preferred option as key stakeholders. The option appraisal will be presented to the Executive Team following the stakeholder consultation. 	

	<ul style="list-style-type: none"> The number of reported incidents remain a concern specifically in relation to clinically related challenging behaviour, physical assault and violence and aggression, as well as significant under reporting across the Trust and the lack of staff wishing to provide statements to the police to ensure that appropriate sanctions are gained where appropriate. <p>The Board noted the update and the contents of the report.</p>	
Section 6: Board Meeting Outcomes		
Bo.7.23.24	Any Other Business <p>No other business was discussed.</p>	
Bo.7.23.25	Issues to Refer to Board Committees/Academies or Elsewhere <p>There were no issues to refer to the Committees/Academies or elsewhere.</p>	
Bo.7.23.26	Date and Time of Next Meeting <p>21 September 2023, 9.30am</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 13 July 2023

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo23005	Bo.7.23.7	Report from the Chief Executive: SA to share data regarding schemes designed to prevent unnecessary admissions.	Chief Operating Officer	July 2023	Information circulated by e-mail on 14.07.23. Complete
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	September 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	September 2023	Added to Board Development planner – date to be confirmed.
Bo23006	Bo.7.23.14	People Academy (BAME Drs: Disciplinary): The Trust had a relatively low number of BAME Doctors subject to disciplinary however a neighbouring Trust did have quite a high level - enquiries would be made as to why this may be and if there were any concerns.	Interim Director of Human Resources	September 2023	A discussion has taken place with the relevant Trust. Complete
Bo23007	Bo.7.23.22	Board Assurance Framework (BAF) and High Level Risks: KD would work with PR to refresh and reword risk 3676 in relation to Lone Workers Devices to recognise the progress made to date.	Chief Nurse	September 2023	Risk has been updated. Complete
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.	Interim Director of Human Resources	November 2023	July 2023: FL explained that the data collected through the staff survey does not go into this level of detail in order undertake this analysis. The contract of the current service provider is currently being reviewed and as part of that review it will be established if there is

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
					an opportunity for more detailed information.
Bo23008					

DRAFT