

## BOARD OF DIRECTORS OPEN MEETING MINUTES

<b>Date:</b>	Thursday 28 November 2024	<b>Time:</b>	09:00 – 11:30
<b>Venue:</b>	Conference Room, Field House, BRI	<b>Chair:</b>	Julie Lawreniuk, Non-Executive Director / Deputy Chair
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Julie Lawreniuk (JL)</li> <li>- Bryan Machin (BM)</li> <li>- Karen Walker (KW)</li> <li>- Professor Louise Bryant (LB)</li> <li>- Zafir Ali (ZA)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Professor Mel Pickup, Chief Executive (MP)</li> <li>- Sajid Azeb, Chief Operating Officer &amp; Deputy Chief Executive (SA)</li> <li>- Professor Karen Dawber, Chief Nurse (KD)</li> <li>- Dr Ray Smith, Chief Medical Officer (RS)</li> <li>- Ben Roberts, Chief Finance Officer (BR)</li> <li>- Mark Hindmarsh, Director of Strategy and Transformation (MHi)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Paul Rice, Chief Digital and Information Officer (PR)</li> <li>- David Moss, Director of Estates and Facilities (DM)</li> <li>- Renee Bullock, Chief People and Purpose Officer (RB)</li> <li>- Laura Parsons, Associate Director of Corporate Governance / Board Secretary (LP)</li> <li>- Saman Khan, Clinical Director – Urgent Care, Elderly and Intermediate Care CSU (SK) <i>for item Bo.11.24.5 only</i></li> <li>- Jill Clayton, Deputy Director of Nursing - Urgent Care, Elderly and Intermediate Care CSU (JC) <i>for item Bo.11.24.5 only</i></li> <li>- Tania Windle, Matron, Urgent Care (TW) <i>for item Bo.11.24.5 only</i></li> <li>- Vaqass Akhtar, Deputy General Manager - Urgent Care, Elderly and Intermediate Care CSU (VA) <i>for item Bo.11.24.5 only</i></li> <li>- Sara Hollins, Director of Midwifery (SH) <i>for item Bo.11.24.10 only</i></li> <li>- Tabitha Lawreniuk, Personal Business Manager as Secretariat</li> </ul>		
<b>Observing:</b>	<ul style="list-style-type: none"> <li>- John Waterhouse, Governor</li> <li>- Raquel Licas, Governor</li> </ul>		

No.	Agenda Item	Action
<b>Section 1: Opening Matters</b>		
<b>Bo.11.24.1</b>	<p><b>Apologies for Absence</b></p> <ul style="list-style-type: none"> <li>- Sarah Jones, Chair</li> <li>- Mohammed Hussain (authorised absence), Non-Executive Director</li> <li>- Sughra Nazir, Non-Executive Director</li> <li>- Altaf Sadique, Non-Executive Director</li> </ul>	
<b>Bo.11.24.2</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest in relation to the items on the agenda.</p>	

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Bo.11.24.3	<p><b>Minutes of the Meeting held on 25 September 2024</b> The minutes of the meeting held on 25 September 2024 were approved as a true and accurate record.</p>	
Bo.11.24.4	<p><b>Matters Arising</b> The following actions were reviewed, and the outcomes confirmed.</p> <ul style="list-style-type: none"> <li>• <u>Bo240016 Report from the Chair of the Charitable Funds Committee</u> The amended TORs have been presented to the Charitable Funds Committee and included on this Board agenda. <u>Action completed.</u></li> <li>• <u>Bo240012 Patient Story:</u> Work is being undertaken with Education on incorporating the Trauma Informed Charter with training. <u>Action completed.</u></li> <li>• <u>Report from the Chair of the Quality and Patient Safety Academy – August and September 2024:</u> An update on ‘depth of coding’ is included as a matter arising. <u>Action completed.</u></li> <li>• <u>Bo240018 Report from the Chair of the People Academy – August and September 2024:</u> A report detailing the drivers behind the change in staffing numbers was presented at the People Academy on 24<sup>th</sup> October. <u>Action completed.</u></li> </ul> <p><b>Depth of Coding</b> PR confirmed that the ‘depth of coding’ work is underway, with updates reported to both the Quality Committee and Audit Committee.</p>	
Bo.11.24.5	<p><b>Getting to know the CSUs – Transforming A&amp;E Programme</b> SA welcomed SK, JC, TW and VA to the meeting to provide a presentation on the ‘Transforming Accident and Emergency (A&amp;E) Programme.’</p> <p>The comprehensive presentation focussed on attendances, capacity within A&amp;E, engagement with patients and staff and, with external services including primary care and mental health services.</p> <p>There was a detailed discussion and debate; and the key areas discussed were as follows:</p> <ul style="list-style-type: none"> <li>• Whilst the performance metrics demonstrate good performance, the team is always seeking to improve the quality of care for our patients. Patient harm incidents raised via the Quality Committee, such as pressure ulcers are indicative of long waits in the department and the transformation programme is addressing this.</li> <li>• There would be a key focus on health inequalities, with colleagues recognising the diverse population served by the A&amp;E department.</li> <li>• Patient and staff experience are the key drivers for this transformation programme, rather than performance metrics.</li> <li>• The programme did recognise the need to engage with our Clinical Service Units (CSUs) and this also formed a core part of the transformation programme.</li> </ul> <p>The Board recognised that its challenge was to scrutinise urgent care in a different way than has been considered previously, with a focus on qualitative metrics and experience, as well as performance metrics, and it</p>	

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	<p>looked forward to receiving updates on the progression of the transformation programme.</p> <p>The Chair thanked colleagues for attending the meeting and confirmed their support for the development of the programme.</p>	
<b>Section 2: Business Reports</b>		
<b>Bo.11.24.6</b>	<p><b>Report from the Chair</b> JL referred to the report from the Chair which was noted by the Board.</p>	
<b>Bo.11.24.7</b>	<p><b>Report from the Chief Executive</b> MP highlighted the following key points from her report to the Board:</p> <ul style="list-style-type: none"> <li>The Trust is meeting the revised NHS England standard of 78% performance in A&amp;E despite not achieving the 95% as set out in the NHS Constitution.</li> <li>The CQC reports, now published demonstrate good improvements in all inspected service areas with an 'Outstanding' rating for the Neonatal department. There has been a positive response from leaders across Bradford District and Craven.</li> </ul> <p>The Board noted the update.</p>	
<b>Section 3: Patient Care</b>		
<b>Bo.11.24.8</b>	<p><b>Report from the Chair of the Quality Committee: October and November 2024</b> LB provided an overview of the reports from the Quality Committee meetings held in October and November 2024. There was one matter to alert to the Board regarding the increase in pressure ulcers, including those acquired in the Emergency Department (ED) setting. High levels of attendance, overcrowding and increased acuity of cases and, wait for beds are contributory factors. As mentioned above, the Transforming A&amp;E programme was in development, and learning from wards with high performance in relation to pressure ulcers will be shared with colleagues in ED.</p> <p>The Board was assured by the update.</p> <p><b>Digital Strategy bi-annual update</b> The Board noted the update.</p> <p><b>Mental Health, Learning Disability and Neurodiversity Strategy 24-28</b> The Board noted the update.</p> <p><b>Patient Experience 6-month update (including Inpatient survey)</b> The Board noted the update.</p>	
<b>Bo.11.24.9</b>	<p><b>CQC published reports</b> KD confirmed that the CQC reports were published on 20 November 2024, and are viewable on the CQC website. She highlighted the following in relation to each inspected service area:</p>	

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	<ul style="list-style-type: none"> <li>• <u>Maternity</u>: the inspection only covered two domains, which did demonstrate improvement but did not change the overall rating. The CQC has been asked to return in the New Year to review the remaining domains.</li> <li>• <u>Medical Care</u>: the report in relation to the Bradford Royal Infirmary (BRI) site has been published and remains rated 'good' overall. The report for St Luke's Hospital (SLH) was not yet published due to some technical challenges with the CQC portal.</li> <li>• <u>Neonatal Unit</u>: (as reported previously) the Neonatal Unit has been rated as Outstanding by the CQC. The Board agreed that this was very well deserved and representative of the outstanding care provided by the service team.</li> <li>• <u>Well-Led</u>: the well led draft report has not yet been received. The Board would be kept updated as more information becomes available.</li> </ul> <p>KD confirmed that, unlike previous inspection reports, there is no 'must do / should do' list that would help inform an action plan. At a planned engagement session with the CQC in mid-December she would seek clarity on CQC expectations regarding an action plan in the absence of this list.</p> <p>The CQC also conducted an Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) inspection of the Nuclear Medicine department on 16 October 2024. The final reports are not yet published on the CQC website but the PDF report had been shared alongside the Board papers for information. MP recognised the passion and expertise from colleagues in responding to the inspection and thanked them for their contributions.</p> <p>Regarding the Maternity and Neonatal reports, KD confirmed that the CQC had spoken to a variety of people to identify if there was cause for concern. The press statement by the CQC stated very clearly, despite the visit being triggered by whistleblowing complaints, they found no evidence to substantiate the concerns raised.</p> <p>The Board was assured by the update.</p>	
<b>Bo.11.24.10</b>	<p><b>Maternity and Neonatal Services Update</b></p> <p>SH provided an update on Maternity and Neonatal Services. The Board noted that the papers had previously been reviewed in detail at the Quality Committee and noted the following key points:</p> <ul style="list-style-type: none"> <li>• The moderate risk associated with achieving overall compliance with year 6 of the Maternity Incentive Scheme, reported to October Board. As of yesterday (27 November), there has been confirmation that compliance has been achieved.</li> <li>• No babies have tested positive for MRSA since the previous update to Board A Two mothers have developed MRSA postnatally. Mitigations in place include robust hand hygiene and testing. There have been no incidents of harm as a result of MRSA.</li> <li>• The maternity service rolled out the offer of Respiratory Syncytial Virus (RSV) vaccination on 10 October, within the antenatal clinic and Maternity Assessment Centre (MAC). Evening clinics have commenced for low-risk women to book into, currently offered at the Women's and Newborn site only, with a plan in place to rollout in</li> </ul>	

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	<p>community venues from April 2025. However, uptake remains low and work is ongoing to identify how best to engage with women to increase this.</p> <ul style="list-style-type: none"> <li>Phase 1b of the maternity building works completed in October with the opening of the new MAC. The new environment has immediately improved privacy and dignity, facilitates safe transfer to the intrapartum area, and enables enhanced surveillance of women waiting to be seen acutely.</li> <li>The Maternity and Neonatal Voices Partnership (MNVP) lead is working with the team three days per week and having a positive impact in terms of helping to improve services for users with a fresh perspective.</li> </ul> <p>Board colleagues recognised the great leadership demonstrated by SH. RB advised that the maternity team were the first to achieve a 100% staff survey completion rate which is demonstrative of this leadership.</p> <p>The Board was assured by the update.</p>	
<b>Section 4: People</b>		
Bo.11.24.11	<p><b>Report from the Chair of the People Academy: October &amp; November 2024</b></p> <p>KW provided an overview of the reports from the People Academy meetings held in October and November 2024. She alerted the Board to the following:</p> <ul style="list-style-type: none"> <li>Sickness absence and the mitigating actions in place to improve this.</li> <li>The addition of two new risks added to the High-Level Risk Register in October 2024 that report into the People Academy. These were included in the high-level risk register update at item Bo.11.24.21.</li> <li>The risk relating to harm to patients, staff and visitors within planned and unplanned care due to the Trust's ability to maintain safe staffing levels as a result of the pandemic has reduced from 16 to 12 following the recruitment of newly qualified nurses and midwives who started this month.</li> </ul> <p>The number of staff taking up the flu vaccine is significantly down at 19% currently for 2024/25. The Workplace Health and Wellbeing manager will review the data and return to January's Academy to provide an update on take-up rates. The Board noted that data held demonstrates that our workforce is reflective of the population we serve and therefore, it is not surprising that the issues faced by the population are also reflected within our workforce.</p> <p>The Board was assured by the update.</p> <p><b>Freedom to Speak Up (FTSU) quarterly report</b></p> <p>KD advised colleagues that after the submission of this report, a decision was made to increase the FTSU guardian role to one additional full-time post given the limited resource provided at present. ZA sought assurance around increasing the visibility of the FTSU function and ensuring staff feel safe in using the service. The Board was advised that FTSU ambassadors widely reflect the protected characteristics to ensure all</p>	

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	<p>colleagues feel they have an ambassador they can approach. The FTSU route is intended to be used once all other avenues to raise concerns have been exhausted, however, there are challenges in communicating how FTSU concerns are acted upon. Attention is being focussed on how best to publicise the offering.</p> <p>It was also confirmed that all Board members have completed all three elements of the FTSU mandatory training.</p> <p>The Board was assured by the update.</p> <p><b>Guardian of Safe Working Hours quarterly report</b> The report was noted by the Board.</p>	
Bo.11.24.12	<p><b>Equality &amp; Diversity Council (EDC) update</b> MP provided an update on the report from the last EDC meeting on 16 October 2024. Key to note was the discussion held regarding the ambition of the LGBT+ staff network to increase engagement and how the Board could help to support this.</p> <p>The Board was assured by the update.</p>	
<b>Section 5: Finance and Performance</b>		
Bo.11.24.13	<p><b>Report from the Chair of the Finance and Performance Committee: October &amp; November 2024</b> JL provided an overview of the reports from the meetings held in October and November 2024 and including those matters to alert to the Board (which are included below).</p> <p><b>Finance Report</b> There remains a significant risk that the Trust will not deliver its financial plan. The Trust is still reporting it will deliver its £14m financial deficit plan but this is the best-case scenario and confidence in delivery of the plan is low. The likely case is that the Trust will deliver a £23.3m deficit (£9.5m worse than plan). This is primarily due to the shortfall in forecast savings through the closing the gap programme.</p> <p>The Trust is formally reporting its best-case financial forecasts to West Yorkshire Integrated Card System (WY ICS) and NHS England (NHSE). The Trust is not currently expecting to need cash support in 2024/25.</p> <p>If the income and expenditure forecasts for the Trust and the WY ICS remain unchanged following the month 8 results, the organisation will need to consider the necessity of submitting a revised off-plan forecast to NHSE. Board approval would be required for this revised forecast which would need to be undertaken in coordination with the WY ICS and in compliance with NHSE's protocols for providers and systems falling behind their financial plans.</p> <p>The Trust has developed a 5-year revenue plan that demonstrates that it will take 3 to 4 years to recover to a breakeven position based on current assumptions.</p>	



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	<p>The Board noted the update.</p> <p><b>Closing the Gap</b> Although there has been significant progress on engagement with the Closing the Gap (CTG) programme across the Trust, this has not translated into the run rate improvement on the scale needed to deliver the financial plan. The mid case forecast is that the Trust will deliver £27.2m of the £38.9m target savings, the best-case scenario is that £33.4m of savings will be delivered.</p> <p>The formal process around planning for next year is already underway with all Clinical Service Units (CSUs) notified of their indicative savings target for 2025/26. Work is ongoing with CSUs to develop plans for next year.</p> <p>The second phase of the PWC report has now been received and the Trust is working to respond to the recommendations identified with an action plan in place to address these.</p> <p><b>Integrated Dashboard</b> Following discussion at the Finance and Performance Committee, the dashboard is being developed to include metrics relating to Estates and Facilities.</p> <p>The dashboard was noted by the Board.</p> <p><b>Performance Report</b> The Board was advised of the 65 week wait position where 61 patients breached 65 weeks at the end of October 2024, predominantly in Trauma &amp; Orthopaedics (T&amp;O) which continues to review theatre capacity and allocations to support a reduction in long-waiters over the coming months as part of their recovery plan. An arthroplasty consultant position is currently out to advert and will support longer term improvement for T&amp;O alongside the actions agreed at the Executive Team meeting at the start of October. 54 patients are forecast above 65 weeks for November.</p> <p>The performance report was noted by the Board.</p> <p><b>Winter Plan</b> The Winter Plan was noted by the Board, which acknowledged that this is a live and responsive plan so will develop over the course of Winter to respond to the challenges faced.</p> <p><b>Emergency Preparedness, Resilience &amp; Response (EPRR) and NHSE Core Standards</b> The Finance and Performance Committee approved two further EPRR documents to ensure compliance with NHSE Core Standards. The final submission was returned to the WY ICB on 31 October 2024. The Trust reported 50 core standards as compliant and 12 as partially compliant, a significant improvement on last year's return. An action plan has been produced for the standards that were reported as partially compliant.</p> <p>The Board noted the update.</p>	

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<b>Bo.11.24.14</b>	<p><b>Budget setting process and timetable</b></p> <p>The paper presented by BR summarised the planned approach to setting internal departmental budgets for 2025/26, including the governance process that will be followed. BR highlighted the ongoing uncertainty around the budget as this has not been communicated by NHS England, with planning guidance expected to be received before Christmas. At present, the team is continuing to plan in line with assumptions.</p> <p>In setting budgets for 2025/26, in contrast to previous years, the core underlying principle is that all the funding, to the full extent to which this is practicable, will be devolved to the CSUs and corporate departments. A very limited number of central reserve budgets may be set for very specific purposes and only in exceptional cases.</p> <p>BR emphasised that the statutory requirement for Trusts is to produce a breakeven financial plan, and therefore as the Trust intends to submit a deficit plan for 2025/26, there is likely to be increased external scrutiny as a result.</p> <p>The Board noted the update.</p>	
<b>Section 6: Strategy</b>		
<b>Bo.11.24.15</b>	<p><b>Strategy – emerging issue</b></p> <p><b>Summary of Board Development Session - Health Inequalities</b></p> <p>MHi provided a summary of the report on the Health Inequalities Board Development Session held on 23 October 2024. Several actions were identified as outputs from the session as detailed within the paper along with the plan for reporting back.</p> <p>The Board was assured by the update.</p>	
<b>Bo.11.24.16</b>	<p><b>Corporate Strategy annual update</b></p> <p>MHi provided an overview of the paper which sought support from the Board to develop a further way to engage colleagues across the Trust in the development of local plans, aligned to the overall strategy to improve awareness and connectivity between the aims of the Trust and local department/service/CSU level plans. This would provide a second tier of assurance that engages Board members and the people that deliver our services, to work together and to make the delivery of the Trust strategy something more meaningful to a wider group of staff.</p> <p>LB suggested that there should be focussed discussion on different areas of the strategy at each board meeting to allow for focussed discussion. MHi agreed to consider this further.</p> <p>The Board further confirmed that it is satisfied that delivery of the Trust strategy through its committee and academy structure is robust, and provides sufficient oversight of progress and implementation. The Board also supported the development of a second tier of assurance with an update to be provided to the Finance and Performance Committee and then fed back to the Board as appropriate.</p>	<p>Director of Strategy and Transformation Bo240020</p>



No.	Agenda Item	Action
<b>Bo.11.24.17</b>	<b>Partnerships – strategic view</b> MHi delivered a brief overview of the report which provided information on updates relating to strategic objective 5 – to collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals.  The Board was assured by the update.	
<b>Section 7: Audit and Assurance</b>		
<b>Bo.11.24.18</b>	<b>Report from Chair of the Audit Committee – 19 November 2024</b> BM introduced the report and provided an overview of the key points. There were no matters to alert to the Board.  The Board was assured by the update.	
<b>Bo.11.24.19</b>	<b>Report from Chair of the Charitable Funds Committee – 6 November 2024</b> SA introduced the report which was taken as read. There were no matters to alert to the Board.  The Board was assured by the update.	
<b>Bo.11.24.20</b>	<b>Charitable Funds Committee terms of reference</b> LP presented the Charitable Funds Committee terms of reference which have been updated following discussion at the Board in March 2024. The terms of reference now clarify the position regarding the status of the members of the Committee (i.e. to confirm that they are acting on behalf of the Trust as a corporate trustee, rather than being individual trustees of the charity). The format of the document has also been updated to align with the other Committees of the Board.  The Board approved the updated terms of reference.	
<b>Section 8: Governance</b>		
<b>Bo.11.24.21</b>	<b>Board Assurance Framework (BAF), risk appetite review and high-level risks</b> LP presented an update regarding the BAF including changes to risk scores. She sought Board approval of the risk appetite review advising that the proposed appetite levels are the same as those agreed in 2023/24.  The report included an update on changes to the high-level risk register which were noted by the Board.  The Board was assured by the update and approved the risk appetite statement.	
<b>Bo.11.24.22</b>	<b>Constitution amendments</b> LP advised of the proposed revisions to the Constitution following a review by the Constitution Task and Finish Group.	

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	The Board approved the proposed amends to the Trust Constitution.	
<b>Bo.11.24.23</b>	<b>Standing Financial Instructions (SFIs) and Scheme of Delegation (SOD)</b> BR detailed proposed changes to the Standing Financial Instructions (SFIs) and Scheme of Delegation (SOD) which were due for review by 30 November 2024.  The Board noted and approved the changes to the SFIs and SOD.	
<b>Bo.11.24.24</b>	<b>Modern Slavery Statement</b> LP sought Board approval of the updated Modern Slavery Statement.  The statement was approved by the Board.	
<b>Bo.11.24.25</b>	<b>Health &amp; Safety annual report</b> DM summarised the report which covered the principal activities associated with the management and promotion of Health and Safety issues during 2023/24. The Board noted the inclusion of the key priorities for the Health and Safety team during this current financial year and a summary of a gap analysis undertaken in relation to key areas of legislation, guidelines and Trust performance. The findings of the report have led to the development of an action plan which will assist with the focus on Health and Safety for the Trust.  The Board was assured by the update.	
<b>Section 8: Board Meeting Outcomes</b>		
<b>Bo.11.24.26</b>	<b>Any Other Business</b> There were no other matters of business.	
<b>Bo.11.24.27</b>	<b>Issues to Refer to Board Committees/Academies or Elsewhere</b> There were no issues to refer elsewhere.	
<b>Bo.11.24.28</b>	<b>Review of Meeting</b> There were no comments to note.	
<b>Bo.11.24.29</b>	<b>Date and Time of Next Meeting</b> 30 January 2024 – 9:30am	

# ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 28 November 2024

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo240019	Bo.11.24.16	<b>Corporate Strategy annual update:</b> A second tier of assurance to be developed with an update to be provided to the Finance and Performance Committee and then fed back to the Board as appropriate	Director of Strategy and Transformation	March 2025	