

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 21 September 2023	Time:	09:30-14:30
Venue:	Virtual – Microsoft Teams	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Julie Lawreniuk (JL) - Sughra Nazir (SN) - Jon Prashar (JP) – items Bo.9.23.1 to Bo.9.23.12 - Altaf Sadique (AS) - Barrie Senior (BS) - Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Sajid Azeb, Chief Operating Officer & Deputy Chief Executive (SA) - Professor Karen Dawber, Chief Nurse (KD) - Dr Ray Smith, Chief Medical Officer (RS) 		
In Attendance:	<ul style="list-style-type: none"> - Faeem Lal, Interim Director of Human Resources (FL) - Dr Paul Rice, Chief Digital and Information Officer (PR) - Laura Parsons, Associate Director of Corporate Governance & Board Secretary (LP) - Chris Smith, Deputy Director of Finance (CSm) on behalf of Matthew Horner, Director of Finance - Lucy Wyld, Consultant in Palliative Medicine (LW) for item Bo.9.23.3 - Carl Stephenson, Associate Director of Performance (CSt) for item Bo.9.23.9 - Sara Hollins, Director of Midwifery (SH) for item Bo.9.23.12 - Helen Farmer, Act as One Programme Director (HF) for item Bo.9.23.16 - Shak Rafiq, Act as One Programme Director (SF) for item Bo.9.23.16 - Graeme Holmes, Information Governance Manager (GH) for item Bo.9.23.23 		
Observing:	<ul style="list-style-type: none"> - Mohammed Musa, Communications Officer - Katie Shepherd, Corporate Governance Manager - Callum Kay, Aisha Mirza, Liam Bilson and Daniel Guest, Graduate Trainees 		

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Section 1: Opening Matters		
	<p>Chair's Opening Remarks</p> <p>MM welcomed all attendees to the meeting and advised that JP would leave the meeting at approximately 12.30pm due to another commitment.</p>	
Bo.9.23.1	<p>Apologies for Absence</p> <p>Apologies were received as follows:</p> <ul style="list-style-type: none"> - Matthew Horner, Director of Finance (MH) 	

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	<ul style="list-style-type: none"> - Professor Louise Bryant, Non-Executive Director (LB) - Mohammed Hussain, Non-Executive Director (MHu) 	
<p>Bo.9.23.2</p>	<p>Declarations of Interest</p> <p>In the interest of the discussion to take place at agenda item Bo.9.23.3; PR declared that he is a Trustee of Yorkshire Cancer Research and also a volunteer for MacMillan Cancer Support as detailed on the register. It was agreed that it was appropriate for PR to remain in the room for this item and to take part in the discussion therefore, no action was required.</p> <p>No further declarations of interest were noted.</p>	
<p>Bo.9.23.3</p>	<p>Getting to know the Clinical Service Units (CSUs) – Marie Curie Responsive Emergency Assessment and Community Team (REACT)</p> <p>SA welcomed Lucy Wyld, Consultant in Palliative Medicine (LW) to the meeting and invited her to present the item.</p> <p>LW thanked colleagues for the opportunity to present the work of the Marie Curie REACT team and explained that the main priority of the team is to provide equal access to high quality personalised care to the local population which is delivered sustainably. LW talked through some of the challenges that are presented in the district in terms of achieving this goal and explained that there are large variations in terms of outcomes for patients at the end of life. Patients in the inner-city areas are much less likely to be known to the services of the team and recent public health data shows there are approximately 1000 patients in Bradford who do not have access to palliative care, therefore there is a lot of work to be done to change this. The consequence of this is that individuals reach a crisis in the last year of their life and present acutely to the emergency department which, in the majority of cases, requires admission and a lengthy hospital stay. This is evidenced by the fact that Bradford is a national outlier in terms of the number of unplanned hospital admissions in the last year of life. Not only does this impact on the Trust's capacity in the emergency department but more importantly, impacts upon patients.</p> <p>LW explained how the service was designed to help tackle some of the inequalities in access and provision to end of life care in Bradford. The team works proactively by identifying patients who are in real need of palliative care input. This is undertaken using a multidisciplinary responsive service and a virtual ward within the community, namely Marie Curie REACT. The service is funded as a three year pilot which was launched in June 2022 and has been awarded competitive transformation funding and support through a social outcomes contract. LW felt the service demonstrates true collaboration between the Trust and Marie Curie. The aims of the service alongside the provision of high quality end of life care are</p>	

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	<p>very much about widening the reach of the team as well as reducing hospital admissions which are not clinically relevant.</p> <p>LW explained how the service is delivered through ED REACT and Community REACT. ED REACT provides a senior palliative care presence in the emergency department which works closely with colleagues to assess, identify and treat those patients with palliative care needs and supports them out of hospital to the Community REACT service which is a multidisciplinary rapid response team of nurses, health care assistants, a physiotherapist and a palliative care consultant. This team provides all the necessary care, medication, emotional support and information to patients and their carers. The next phase of the service due to be launched in November is to receive referrals from community services to avoid patients having to attend the emergency department. The team have been working closely with local organisations such as Goldline 24/7 Patient Care and the Yorkshire Ambulance Service to create the pathways to enable this to happen.</p> <p>LW shared the outcomes of the service for the first 12 months which are very encouraging and demonstrate the importance of the work of the team and how patients have benefited. This includes a 50% reduction of hospital days within the last year of life. LW provided an example of a patient who used the service and explained how he and his family benefited from this.</p> <p>LW was pleased to say that the work of the team is being recognised as a flagship service and the model has received a lot of interest nationally from England, Scotland and Wales with other palliative care services now considering how they can implement a similar model. LW has recently been successful in securing NIHR research funding which will look at the general elements of the service to enable good practice to be shared more broadly.</p> <p>MM asked whether the reasons why so many patients have previously been unknown to the service were understood, and whether there were any particular themes or patterns as to why this is the case. LW explained that a health needs assessment is currently being undertaken across the Place which is looking at gaps in palliative and end of life care services. LW felt it was fair to say that certain communities do not present to their GP and therefore are not flagged as potentially approaching their final year of life. However, patients are prioritised when they are flagged under the gold standards framework via Goldline. Unfortunately, patients in the inner-city areas are often not registered with Goldline therefore there is a lot of work to be done both from a research perspective and clinical services perspective to look at how the service reaches into those communities to offer the right support.</p> <p>SA highlighted the positive difference the service makes to patients and their families and carers at a difficult time. In addition, the impact the service has on the wider clinical teams in terms of being able to treat the patients who often have very complex needs is also significantly positive. SA felt that the service addresses several areas</p>	

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	<p>and wished to thank LW and colleagues for all the work they have done to get the service running and SA was looking forward to seeing the second phase of the service commence.</p> <p>MP conveyed her thanks to LW and the whole team for the tremendous work that they are doing and asked if there was anything that Board colleagues can do to help the team overcome any barriers they may be facing both from a Trust perspective as well as from a Place perspective, particularly as the service proceeds to phase two of its work. LW thanked MP for the offer of help and recognised that this is currently a pilot service with the first 12 months demonstrating some very encouraging outcomes. However, one of the areas to focus on over the next year is how the service can be sustainably funded but on a partnership commissioning basis and LW would welcome support in relation to this. PR thanked LW and her colleagues for all the work they do to support patients during a difficult time and made an offer of support to LW in terms of next steps when funding is open in 2024 for Yorkshire Cancer Research.</p> <p>RS commended the work of the palliative care team which has been outstanding, particularly in light of the difficulties faced during the Covid-19 pandemic. RS reflected that REACT is a service that delivers in many areas, from saving bed days and money to, most importantly, providing fantastic care for patients and their families and carers. The value of the service to patients and their families is very evident as is the value to staff.</p> <p>KW was pleased to hear about the work of the REACT team and asked LW if she would be happy to attend the West Yorkshire Cancer Alliance Patient Experience, Strategy and Improvement Group which she chairs as she felt that there is a huge amount of learning that the group would benefit from. LW confirmed she would be happy to present at a meeting.</p> <p>KD praised the work of the team which has exceeded all expectations from when the initial business case was presented to the Executive Team. KD suggested that LW joins the next palliative care catch up meeting which takes place quarterly and is attended by herself and MHu to take an in depth look into the service to see how it can be supported further going forwards. LW welcomed this and felt there are a lot of opportunities from a research and a service development perspective as there is a huge amount of data that could be shared for a more in depth view.</p> <p>SN suggested engaging more strongly with the Muslim community in order to reach out to more patients who are at the end of life and made an offer of help to progress this.</p> <p>LW wished to acknowledge and recognise the input and dedication of Sarah Holmes and Clare Rayment, Consultants for Palliative Medicine who made a huge contribution to making the service happen as well as the rest of the team. This sentiment was unanimously endorsed by the Board of Directors and MM once again thanked LW for presenting to the Board.</p>	

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Section 2: Business From Previous Board Meeting		
Bo.9.23.4	<p>Minutes of the Meeting held on 13 July 2023</p> <p>The minutes of the meeting held on 13th July 2023 were approved as a true and accurate record.</p>	
Bo.9.23.5	<p>Matters Arising</p> <p>The actions from the log were reviewed and the outcomes agreed have been recorded within the action log.</p>	
Section 3: Business Reports		
Bo.9.23.6	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report.</p> <p>The Board noted the report.</p>	
Bo.9.23.7	<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"> Intermittent but consistent industrial action by Junior Doctors and Consultants has continued and it was now almost a year since the first strike action. The current strike action which started on 19th September and is expected to finish on 23rd September is the first set of strikes where both the junior doctor and consultants strike days will overlap which will result in a much more significant impact on elective activity. The strike action has had, and continues to have, an operational impact on the day to day ability to run urgent and emergency services as well as the impact on individual patients as every cancellation has far reaching consequences for patients waiting for a test, operation, procedure or consultation. MP provided an analysis of the current recent strike action and reported that for routine outpatient appointments, 274 new appointments and 604 follow up appointments have been cancelled. In terms of cancer patients, 16 new patient appointments have been cancelled out of 376 booked appointments, and 100 follow up appointments have been cancelled out of 228 booked appointments, which is a reduction of 19% for cancer patient appointments. In terms of elective procedures 18 out of 37 procedures have been cancelled which is a 49% cancellation rate and the biggest impact has been seen in inpatient elective procedures where 86 out of 106 booked procedures have been cancelled, which is an 81% cancellation rate. JL referred to the recent news in relation to 22 critical incidents being declared and asked if the Trust has experienced any critical incidents that were attributed to the strike and if so asked if they would be reported. MP was confident that the 	

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	<p>impact of the strikes has been tracked from the start in relation to patient safety. The longer term impact of the delays and cancellations, such as quality of life impact, unfortunately cannot be tracked now but may be seen in the longer term. RS agreed and added that there are a number of reasons that the Trust has not had any critical incidents as a direct result of the strike action on any of the strike days. This includes the intense and meticulous planning that has gone into every period of strike action prior to the strike dates. RS commended the work of the operational management teams who have delivered an outstanding job in all the preparations to ensure that care can be delivered safely. The impact of the strike action is monitored and tracked every day through multiple touch point meetings and normal Trust safety processes. RS also emphasised the point about the unseen impact that will not be apparent just yet but there are likely to be some hidden effects and harm to patients which, given the passage of time, might be difficult to attribute directly to the strike action. SA concurred with this and assured the Board that formal Command and Control structures remain in place which includes a day to day operational response and SA commended the work of the teams who collectively work to keep patients safe. SA advised that a debrief takes place following each period of strike action with the purpose of learning any lessons which can be captured and implemented for future strike periods. FL wished to acknowledge the ongoing impact on colleagues who are involved in the planning and management of the strike actions as well as those colleagues who provide cover and said it was important to recognise the impact on individuals' resilience levels which was significant. MM thanked SA for the data he provided the previous week in relation to the volumes of patients that were impacted by the recent industrial action which MM shared via a verbal briefing to Governors.</p> <ul style="list-style-type: none"> <li data-bbox="336 1377 1238 1641">• The development for two dedicated theatres at St Luke's Hospital for a total capital expenditure just under £25m has commenced with an anticipated completion date of April 2024. The programme is being managed through a dedicated Programme Board chaired by SA and reporting into the Capital Strategy Group. A groundbreaking ceremony took place on 1st September 2023 with key stakeholders and the construction firm Darwin Group. <li data-bbox="336 1682 1238 2049">• MP referred to the recent very shocking and appalling trial of Lucy Letby and said the thoughts of the Trust and indeed those across the whole of the NHS are very much with the families affected. However, inevitably and quite rightly, attention has turned to the question of whether something similar could happen in our Trust. Although the Trust has very good arrangements in place it was important to note that there can be no complacency therefore the Trust will continue to monitor and strengthen the arrangements, and also ensure that the requirements of the letter that has been issued by NHS England (NHSE) are fully met. The letter also reminds organisations of their obligations under the Fit 	

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	<p>and Proper Person requirements and makes reference to medical examiners and the Patient Safety Incident Response Framework, as well as listening to the concerns of patients, families and staff.</p> <ul style="list-style-type: none"> • Partner Projects HSJ Awards shortlist: the Ramadan Allies project by the Spiritual, Pastoral and Religious Care (SPaRC) Team made the shortlist in the Staff Wellbeing Award but unfortunately were unsuccessful in winning. It was a highly competitive category and MP gave credit to the team for the work they have done on the Ramadan Allies as well as all the other work that they do, the team are a real asset to the Trust. • MP wished to share some good news that is not captured within the report in relation to the HPMA Award which is the industry awards for professionals working in HR and OD. MP was pleased to report that the OD Team won the national team of the year award which is due to the fantastic work of the entire team. KW congratulated the team on the achievement of the award and applauded the amount of work that they do. KW also wished to use the opportunity to congratulate MP and recognise the work MP and senior executive colleagues do in relation to culture and values which are guided by the senior leadership team and embedded throughout the Trust. FL endorsed this and added that he felt the senior leadership is very focused on making sure that we look after our people and this is very much driven by MP's leadership which has a strong focus on 'making this the best place to work'. • Reinforced aerated autoclaved concrete (RAAC): new guidance was published by the Department for Education regarding the approach to the presence of RAAC in the school estate. This has generated heightened public interest in the presence of RAAC in the NHS estate. In relation to the Trust's position, MP confirmed there is no RAAC identified within the Trust's own sites however a report is awaited for Skipton Hospital which is not part of the Trust's estate, but the satellite Renal Unit is delivered from there. A survey will be undertaken and depending on the outcome of the survey the Board will be informed of any necessary action that is taken. JL asked whether there is any risk to the Trust in relation to RAAC found at other partner buildings and if so what is being done to mitigate the risk. ML explained that as a Place the top risk being managed by the Partnership Board is the impact of RAAC on Airedale Hospital. There are two key impacts of this; the first element is the need to secure investment through the new hospitals programme to carry out the rebuild to eradicate the problem, and in the shorter term there is a continual requirement of capital investment to carry out mitigations against the overarching risk that RAAC presents. The second element that the Trust is fully engaged in which spans across the whole of West Yorkshire is the impact of a failure of any part of a building which affects clinical services such that an urgent evacuation is 	

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	<p>required. NHSE are overseeing the contingency planning of this and the Trust is fully engaged in the discussions.</p> <ul style="list-style-type: none"> MP referred to the recent widespread media coverage in relation to the disturbing findings of a British Journal of Surgery survey into the experiences of women working in surgery, principally surgical trainees and surgeons. The survey results show that a third of respondents have reported that within the last five years they have experienced some form of sexual assault in the form of unwanted physical advances, verbal abuse, sexual banter and in some cases rape. This is a very shocking finding and MP wished to use the opportunity to expedite some work that was already planned which will require Board endorsement. MP wished to bring the Sexual Safety Charter to the attention of the Board with the request that this is approved today. MP explained that the charter will benefit all women working at the Trust and will demonstrate a zero tolerance policy to any such behaviour. The intention of the charter is to ensure that every part of the NHS takes a systematic zero tolerance approach to sexual misconduct and violence. The charter was launched on 4 September and to facilitate the implementation of it fully some further work needs to be undertaken to develop and strengthen existing processes including guidance. One of the processes to be developed includes the establishment of a task and finish group with members from Human Resources (HR), Organisational Development, Freedom to Speak Up, Equality and Diversity Leads and Safeguarding. It is proposed that KD is the Executive Lead for this work although there will be close links with other Director portfolios, HR in particular. It was recommended that the Trust adopts the ten principles outlined in the charter as a way of coordinating work in relation to sexual misconduct. An update in relation to the progress of the work will be provided to the Board as required. MM asked if there is any data currently held in relation to such cases and FL advised that although there is no specific report which includes this data, it can be obtained manually. FL assured the Board that all cases are treated seriously and the charter will further enhance processes that are already in place. KW endorsed her support to the implementation of the charter and agreed that KD should be the Executive Lead as it links very closely with Freedom to Speak Up for which KD is also the Executive Lead. KW suggested that the data regarding cases could be shared at closed forums such as the Freedom to Speak Up meetings in order to receive assurance. KW referred to the Freedom to Speak Up forum and was assured by the quarterly update that is provided, which demonstrates that issues such as this are reported and dealt with. FL reminded colleagues that matters in relation to disciplinary and conduct are formally reported at the closed Board meeting therefore the Board will have an oversight of this. KD agreed to provide an informal update at a Board Development Session in approximately six months to share the progress as well as the findings that are emerging both locally 	<p>Chief Nurse</p>

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	<p>and nationally and, the definitions of what would be classed as sexual harassment.</p> <p>The Board noted the report and supported the adoption of the Sexual Safety Charter.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Finance and Performance		
Bo.9.23.8	<p>Report from the Chair of the Finance and Performance Academy – July 2023</p> <p>JL asked that the report be taken as read and handed over to CSM to report on the financial position at Month 5 which will be discussed in more detail at the following week's Finance & Performance Academy meeting.</p> <p>CSM advised that the risks that were reported earlier in the year are now beginning to materialise and provided a verbal update of the position reported for Month 5, scenarios for the forecast for 2023-24 and the impact of that for 2024-25. CSM reported a year to date deficit of £2.2m at the end of Month 5. A break even position was being reported previously as there was the ability to offset the costs of the industrial action with non-recurrent flexibility. However, any non-recurrent flexibility will be used to offset shortfalls against waste reduction plans and other pressures that are anticipated in the plan. This is consistent with other Trusts within WYAAT. CSM referred to a number of different forecasts to be considered but the formal forecast that has been submitted to NHSE remains break even which is consistent with the agreement with the ICS. CS advised that all of the risks related to the waste reduction programme delivery and the industrial action costs have been flagged to NHSE. CSM felt it was too early in the financial year to start forecasting off plan as there are still some opportunities in the form of increased waste reduction, delivery, and financial controls but it was important for the Board to be aware that there were significant unmitigated risks to delivering the forecast.</p> <p>CSM advised that internally there were two scenarios that were being explored before any mitigations. One is a forecast which assumes that all of the costs that have been incurred related to industrial action are mitigated by additional funding from the Centre. In this scenario it is projected that the underlying deficit position at the end of the year will be £3.6m. The second scenario is a forecast where there is no mitigation and this is anticipated to be a deficit in excess of £9m which is not expected be bridged.</p> <p>CSM emphasised that the Trust is not alone in this position and reported that all providers in the ICS are in this situation.</p> <p>In terms of what this means for the next financial year, CSM explained that if industrial action is no longer an issue it is projected that the underlying deficit without any improvements will be a run</p>	

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	<p>rate deficit of £2m per month which, if carried forward into the next financial year, will be a brought forward deficit of £24m. If tariff efficiencies and inflationary pressures are added then this comes to a £40m deficit which would be an unmanageable position within one financial year.</p> <p>Csm reflected that the outlook is very challenging and concerning and highlighted the importance of identifying recurrent improvements to the run rate through the West Reduction Programme. Csm advised that all CSUs received a letter from MH in August which highlighted this position and requested an improved forecast for waste reduction in the second half of the financial year. Some responses have been received from CSUs in relation to this which does forecast some improvement for the current year, so progress is being made and further responses are expected to help strength this. Increased governance and additional meetings will be put in place to focus on this, particularly with CSU engagement and in line with NHSE expectations who have issued a number of financial controls that they expect organisations to put in place. It is expected that there will be tighter controls on recruitment and expenditure.</p> <p>In summary Csm emphasised the outlook for 2023-24 with a potential £3.6m deficit if funding for industrial action costs is received and a £9m deficit if it is not received. The more concerning issue is the reliance on non-recurrent measures and the impact on 2024-25.</p> <p>A discussion took place in relation to the importance of recognising the pressure on staff to provide a safe and quality service whilst balancing the pressures of the industrial action, alongside the need to make savings and reduce spends.</p> <p>The Board noted the update.</p>	
Bo.9.23.9	<p>Health Inequalities – Access, Experience and Outcomes</p> <p>SA introduced the item and explained that this is a further update on the progress being made with addressing health inequalities and advised that the topic forms a fundamental part of the work of the Equality, Diversity and Inclusion (EDI) Council which is chaired by MP. This important work also forms part of the work of the Trust both from an internal and a Place level perspective. A substantial amount of analysis of the waiting list has been undertaken to support an in depth understanding of the areas of focus. SA explained that the work is led through the office of SA, KD and RS with MP’s leadership through the EDI Council and covers areas of access as well as outcomes and patient experience.</p> <p>KD explained the governance of the work which is undertaken across every part of the Trust as well as with partners. The work is reported through various meetings and forums making it day to day business</p>	

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	<p>for the Trust and is routinely embedded throughout the Trust. KD invited CSt to present the detail of the presentation.</p> <p>CSt provided the context and referred to the national guidance for 2022/23 which focussed on improving the use of data to help better understand health inequalities. The guidance for 2023/24 has built on this and focusses on coordinating action to improve access, outcomes and experience. The waiting time analysis focuses on the CORE20 cohort (20% most deprived in ICS footprint). The outputs from the analysis are shared with internal colleagues as well as partners across the Place footprint and is now a reciprocal process which needs to be streamlined further to improve frequency. CSt advised that a dashboard is available in support of the work which is used by various colleagues and partners. Use of the data is an iterative process whereby the analysis of any data requires careful consideration by operational and clinical colleagues. Further analysis in support of continuous improvement can be provided once action is agreed and the progress is tracked. CSt talked through the key findings as detailed within the report and the findings from the DNA deep dive, as well as the treatment analysis. As a result of the findings, the prioritisation of patients with Learning Difficulties (LD) was implemented immediately and CSt provided examples of how this is done. Examples of work undertaken to reduce DNA rates within Paediatrics and Obstetrics were highlighted along with the impact of this.</p> <p>KD talked through the next steps which includes the use and regular review of data across the system with the work of Act as One, focussing on enabling better working across pathways. KD reported that the work undertaken within obstetrics demonstrates that when the triumvirate takes a blended approach to tackling problems, the results are greater with a better roll out and understanding across the organisation. KD reported that Oliver McGowan training will be rolled out over the next 12 months and this will provide a greater awareness to all staff. RS advised that the Healthy Minds Board has agreed that the Oliver McGowan training will be adopted across the Place. This is a very intensive and comprehensive training package which will need to be refreshed every three years. RS explained that 70% of Trust staff will need to adopt the Tier 2 aspect of the training with the remaining staff adopting Tier 1 training. The training will be rolled out over a three year period.</p> <p>MM thanked CSt and colleagues for the work that is being undertaken for a hugely important aspect of patient care and MM was delighted to see the progress that has been made to date.</p> <p>JP acknowledged the balance of this work which is particularly significant in Bradford given the demographics of the community, and was pleased to see the positive work that has been undertaken. JP observed that staff were now confidently embracing and addressing some of the issues which was very encouraging. JP felt this was a result of good leadership and the EDI Council which has significantly influenced the work and it is through MP's leadership of that work as well as the close links with public health partners and colleagues</p>	

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	<p>across the Place that has made this happen. JP was also very pleased to see the implementation of equality impact assessments being undertaken.</p> <p>KW reflected on the work undertaken to date and the importance of understanding that it is threaded throughout the activity of the whole Trust. KW was particularly impressed with the focussed action and viewing everything through an inequalities lens. The joined up approach across Place is also very important and is evidence of the system based working. Although there was still a lot of improvement work to be done KW was very pleased to see how far the Trust has come with tackling health inequalities.</p> <p>MP thanked CSt for the presentation which was also shared at the last EDI Council meeting, where it was agreed that it should also be delivered to the partnership leadership executive group in order to make wider partners in Bradford District and Craven more aware of the Trust role in this area.</p> <p>The Board was assured by the update.</p>	
<p>Bo.9.23.10</p>	<p>Protecting and Expanding Elective Capacity – Self Certification</p> <p>SA introduced the item and advised that a letter from NHSE was received on 4th August 2023 titled ‘Protecting and Expanding Elective Capacity’. The letter which has been sent to all providers emphasises that to deliver elective and cancer recovery ambitions, high-quality waiting list management and ambitious outpatient transformation is vital. NHSE are now asking providers to complete a return to provide assurance on these specific elements of the Trust’s recovery plans.</p> <p>SA referred to the suite of papers with the letter which includes a Self-Certification document that requires the Chair and CEO of providers to confirm that the Board is assured on 3 key areas: Validation, First Appointments and Outpatient Follow Up. SA talked through each of the areas where assurance is sought and provided examples of this as detailed within the paper.</p> <p>SA explained that at a provider level the Trust processes in relation to validation and visibility of patients were well developed. There is opportunity to improve this further and this will continue to be developed with progress reported to the Finance & Performance Academy. By continuing the focus on long waiting patients and chronological booking the Trust is in a strong position to deliver the latest target in relation to new patient appointments.</p> <p>The Board noted the progress made to allow completion and submission of the self-assessment and approved this to be signed off by the CEO and Chair by 30th September 2023.</p>	<p>CEO/Chair</p>

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Section 4b: Quality and Patient Safety		
Bo.9.23.11	<p>Report from the Chair of the Quality & Patient Safety Academy (QPSA) – July and August 2023</p> <p>MM referred to the reports from the Quality & Patient Safety Academy (QPSA) in July and August 2023 and took these as read in the absence of LB and MHu.</p> <p>RS reflected on the format of the QPSA meetings and felt that splitting the meeting into focussing on assurance one month and learning and improvement the following month was working very well and agenda items were given appropriate time for adequate discussion and questions.</p> <p>KD referred to the recent verdict on the Lucy Letby case which was received just before the Academy meeting. The Academy used the opportunity to discuss the case in relation to the Trust services and it was noted that the Trust’s Neonatal Unit had been very responsive and offered psychological support to families that were on the unit at the time. Information was also posted on the Trust website and a letter was sent to the parents who were present on the unit at the time advising them that there are safe spaces available to speak to staff if they wished to do so or if they had any concerns.</p> <p>MM referred to the letter received from NHSE in relation to this and was assured by Executive colleagues and the Academy that evidence will be provided to demonstrate efforts in those areas.</p> <p>The Board was assured by the update.</p>	
Bo.9.23.12	<p>Maternity & Neonatal Services Update</p> <p>KD introduced the maternity and neonatal service update reports from June and July and invited SH to present the item.</p> <p>SH presented the update and highlighted the following key points:</p> <ul style="list-style-type: none"> • The June and July perinatal update papers were presented to July and August Quality and Patient Safety Academies(QPSA) respectively. • The QPSA received and approved the papers, appendices and recommendations. • Details of harm including stillbirths, neonatal deaths and hypoxic ischaemic encephalopathy (HIE) and completed investigation reports including learning were shared and are also available to the closed Board papers for information. • In July the Executive Team Meeting (ETM) received a presentation regarding the predicted position of the Maternity Incentive Scheme, Year 5. • The discussions at QPSA focussed on harms that occurred in June and July, stillbirths, HIE, neonatal deaths and HSIB and SI cases. 	

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	<ul style="list-style-type: none"> • During the June meeting QPSA was informed that a 'Deep Dive' would be undertaken of HIE cases occurring in 2022/23 as we have identified ourselves as a possible outlier. This was deferred from July due to holidays and a multidisciplinary review arranged for September. • HSIB and internal investigations/SI reports that were closed in June and July were discussed including learning and progress on actions. • The PMRT quarterly report including learning required to demonstrate compliance with safety action 1 of the Maternity Incentive Scheme was presented to the July QPSA. • The ATAIN/TCU quarterly report required to demonstrate compliance with safety action 3 of the Maternity Incentive Scheme was presented to the August QPSA. • The Maternity Training Compliance for June and July was presented and discussed respectively at July and August QPSAs. • During the July meeting the QPSA was informed that the CSU has an emerging concern regarding the Core Competency Framework training requirements and the significant increase required for each midwife to meet compliance. An update paper was therefore presented to ETM on the incentive scheme. <p>SH made the following key points in relation to the Maternity Incentive Scheme (MIS) Year 5 Position:</p> <ul style="list-style-type: none"> • The ten Safety Actions remain unchanged although there are some alterations to the action descriptors. • Additional Board level evidence is required for some actions. • This is the first MIS submission since the publication of Saving Babies Lives version 3. It is uncertain whether the Trust will meet the standard if there is a further increase to scan recommendations and a benchmarking exercise is in progress. • The Core Competency Framework training requirements have significantly increased the number of mandatory training hours required by every midwife (headcount not whole time equivalent). • The trajectory to meet 90% anaesthetic and obstetric compliance with PROMPT is fragile and potentially at greater risk if industrial action persists. • ICB funding of the MNVP is at risk of being insufficient to meet the MIS and 3 year plan requirements for both Bradford and Airedale. Funding arrangements have been amended, but there has been little activity from the MNVP to provide robust evidence of compliance. • There is a high level of confidence that compliance will be declared for Safety Actions, 1-5, 9 and 10. There is a Moderate to High risk that Safety Action 7 will not meet the standard and a high risk that Safety Actions 6 and 8 will not meet the standard. • The financial risk is that the Trust will not receive the total premium. • There is also a reputational risk as the MIS exists to provide assurance and evidence of safe services. Declaring non- 	

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	<p>compliance may attract external scrutiny in the absence of mitigation and robust action plans for the standards not achieved.</p> <ul style="list-style-type: none"> SS emphasised that the Trust is not alone in this and many other organisations will also not be declaring full compliance. Board sign off of action plans will be required in January 2024 prior to self-declaration in February 2024. <p>The Board was assured by the update and noted the recommendations as detailed in the paper.</p>	
Section 4c: People		
Bo.9.23.13	<p>Report from the Chair of the People Academy – July 2023</p> <p>SN provided an overview of the report from the People Academy in July 2023 and made the following key points:</p> <ul style="list-style-type: none"> The Academy discussed the emerging concerns around vacancy rates and the ability to deliver the mandatory training requirements against the core competency framework at the Academy as well as the difficulties that it may also represent in terms of the midwifery continuity of care. The Academy heard from the outstanding theatres programme about elements that focus on culture and teamwork and it was pleasing to hear that there has been a lot of interest from other teams and departments on some of the lessons learnt. Significant assurance was taken on a number of items on the dashboard, particularly given the challenging context in relation to the industrial action. The Academy discussed the work in progress in relation to the Workforce Race Equality Standard (WRES) as well as the work that needs to be done in relation to the Workforce Disability Equality Standard (WDES) and encouraging and empowering colleagues to declare disability. <p>KW referred to the WDES and felt it was not unusual for figures to be low across many organisations as people do not necessarily like declaring they have a disability. It is therefore important to know people and understand what kind of accessibility and adjustments are required.</p> <p>KW referred to the Academy effectiveness and the note in the report in relation to absences which were due to holidays. KW noted that the absences occurred during meetings which clashed with main school holidays as well as religious holidays which is understandable but it was important to have the flexibility to be able to change meeting dates when required to ensure maximum attendance and continuity in terms of discussions from one Academy meeting to the next. MM supported this and agreed it was important to do what is possible to ensure maximum availability.</p> <p>The Board was assured by the update.</p>	

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Bo.9.23.14	<p>Equality & Diversity Council Update</p> <p>MP presented the report and reminded colleagues that the Trust's Equality and Diversity Council (EDC) has a remit for both workforce and wider health inequalities in the district and continues to meet quarterly. The report provides an update on the key highlights from the last EDC meeting which was held on 14 September 2023. The key items discussed at the September EDC meeting included Staff Equality Network Updates on progress and future plans, the Equality Delivery System 2022, Improving Patient Data around Health Inequalities, Act as One update and Place & System based EDI Update.</p> <p>MM thanked MP for the report and noted that MP had been commended during the course of the meeting by Board colleagues for her leadership and the work of EDC.</p> <p>The Board was assured by the update.</p>	
Section 4d: Partnerships		
Bo.9.23.15	<p>Partnerships Dashboard</p> <p>MP introduced the item 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>MP opened up for any questions. There were no questions or clarification required from colleagues.</p> <p>The Board was assured by the update.</p>	
Bo.9.23.16	<p>ShIPLEY Hospital Update</p> <p>MM welcomed Helen Farmer (HF) and Shak Rafiq (SR), Act as One Programme Directors to the meeting and invited them to present the update.</p> <p>HF and SR provided a detailed updated and referred to the suite of papers which provide a full update based on feedback from the local communities, other key stakeholders and updates on areas that were highlighted as needing further investigation, such as the possible existence of a covenant on the site. The proposed next steps would see services move from Shipley Hospital to the preferred sites at Westbourne Green and Eccleshill Hospital, as well as offering outpatient physiotherapy from GP practices where viable to do so. This is based on the report from the public involvement exercise, ongoing dialogue with NHSE and other key partners, work with the local MP (Philip Davies) and impact assessments and local/regional governance processes.</p>	

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	<p>HF referred to the Shipley Hospital building which is over 100 years old, and was a large, converted house. Over time, it became a maternity home and a community hospital. Sadly, the age and structure of the building mean the cost to maintain it at a standard of a modern healthcare facility have increased over time. The first-floor inpatient ward was closed in May 2010 because of significant fire safety issues. Currently, only outpatient and community physiotherapy services are provided in the building on the ground floor. Although it is safe to provide services to patients on the ground floor just now, the building continues to pose issues for staff and patients due to its age and condition. There are frequent issues with the roof and the internal and external structure of the building. Additional background is provided in section two of the report.</p> <p>The conclusion was that keeping the hospital open in any form did not represent value for money, therefore the only viable options were relocation, either to a building within the NHS portfolio or to a public/private building.</p> <p>The complete governance timelines are as follows:</p> <ul style="list-style-type: none"> • Wednesday 16th August: Update for partnership leadership team (verbal) • Friday 25th August: Update, discussion and agreement to proceed from partnership leadership executive • Friday 1st September: Agreement to proceed - based on final decision at partnership leadership executive - from Bradford District and Craven Health and Care Partnership Board (committee of NHS West Yorkshire ICB) • Thursday 21st September: Presentation at Bradford Teaching Hospitals NHS Foundation Trust Board meeting • Thursday 28th September: Update at Health Overview and Scrutiny Committee • NHS England assurance: the team would continue to work with NHS England and will keep partnership leadership executive as well as other local and regional committees and boards updated as needed • Service move: timelines to be determined based on the governance processes and further public and patient involvement as part of the conversation on the proceed of sale of site. However, service moves are unlikely to happen before 31st December 2023. <p>MP commended HF, SR and the team on an extremely well executed piece of engagement with the public which will impact on a lot of people and it is important to try as hard as we possibly can to mitigate those impacts for the people who use the services. MM supported this and applauded HF and SR for the professional manner in which they have conducted this very difficult and sensitive process.</p> <p>The Board noted the update.</p>	

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Section 4e: Audit & Assurance		
Bo.9.23.17	<p>Report from the Chair of the Audit Committee – September 2023</p> <p>BS took the report as read and asked the Board to note the contents and opened up for any questions. There were no questions or clarification required from colleagues.</p> <p>The Board was assured by the update.</p>	
Bo.9.23.18	<p>Audit Committee Annual Report July 2022-June 2023</p> <p>BS presented the item and explained that the report summarises the activities of the Audit Committee during the period from July 2022 to June 2023. The purpose of the report is to confirm to the Board that the Committee has complied with its terms of reference. BS wished to thank Jacqui Maurice, Head of Corporate Governance for drafting the report.</p> <p>The Board was assured by the update.</p> <p>Audit Committee Terms of Reference</p> <p>BS presented the Audit Committee Terms of Reference which had undergone an annual review. Minor amendments had been proposed as marked in tracked changes which have been approved by the Audit Committee. The changes respond to the requirements and stipulations of the Health and Care Act 2022 and it is expected that there may be further amendments required when the new Audit Committee handbook is published in late Autumn.</p> <p>The Board approved the Terms of Reference.</p>	
Bo.9.23.19	<p>Board Assurance Framework (BAF) and High Level Risks</p> <p>LP presented the item and advised colleagues that the BAF was reviewed and updated by the lead executives and was reviewed and agreed by the Executive Team on 21st August 2023. The QPSA reviewed the BAF risks within their remit at their meeting on 23rd August 2023. The Finance and Performance Academy and People Academy reviewed the BAF risks within their remit via email in August 2023.</p> <p>The key points to note were included on the summary page of the BAF and the details behind each risk including the relevant controls, assurances, gaps and actions to address gaps were then set out on individual pages. LP reported that two risks had reduced in score this time. The first related to the transformation of services which had reduced from a score of 16 to 12 due to the progress that had been made. The second related to the learning experience for trainees which had reduced from a score of 12 to 9 following further positive GMC survey results this year.</p>	

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	<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 17th July and 21st August 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 July 2023 and August 2023.</p> <p>ETM noted that risk 3800 had passed the target date for completion of the mitigating actions. This risk was in relation to the increase in the cost of gas and power at Bradford Royal Infirmary and St Luke's Hospital from the 1st April 2024 when the Trust's current price agreement expires. The mitigation date will be reviewed and updated.</p> <p>ETM agreed to accept two new risks to the High Level Risk Register. The first is risk 3881 in relation to being unable to recruit to a number of unfilled pharmacy vacancies and provide cover to deliver a 7 day service and the second is 3885 which is in relation to a risk to patients, staff and visitors and the organisation due to lack of operational security supervision, management and resilience. In relation to risk 3885, it was agreed that the risk description would be reviewed to clarify that the risk relates to a lack of 24/7 supervision of the operational security team. KD provided some context and background in relation to both these risks and explained that the scores of these change constantly due to the nature of the risk such as financial or staffing.</p> <p>LP reported there were three risks that were overdue for review and of these three, two have now been reviewed and the remaining one will be reviewed as soon as possible. LP informed colleagues a deep dive took place with the Executive Team in August to review risks that had been on the register for a while. It was determined that these risks were still relevant and appropriate.</p> <p>The Board confirmed it was assured that all risks on the High Level Risk Register and BAF were appropriately recognised and recorded, and that all appropriate actions were being taken within appropriate timescales where risks were not appropriately controlled.</p>	
Section 5: Governance		
Bo.9.23.20	<p>Review of Board Standard Orders</p> <p>LP explained that as part of its suite of governing documents, the Board has agreed a set of Standing Orders, the aim of which is to provide a framework within which the Board, its Committees/ Academies, and staff with delegated responsibilities can perform their role properly, with due propriety and in accordance with sound principles of corporate governance. LP explained that a review has been undertaken to ensure that the Standing Orders remain up to</p>	

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	<p>date and relevant and talked through the minor changes that are proposed for Board approval.</p> <p>The Board approved the proposed amendments.</p>	
<p>Bo.9.23.21</p>	<p>Compliance with Code of Governance for NHS Provider Trusts and amendments to NHS Provider Licence and Enforcement Guidance</p> <p>LP presented the item and reminded colleagues of the detailed paper that was presented to the Board in January 2023 which included reference to the newly published Code of Governance for NHS Provider Trusts effective from 1 April 2023. In January the Board noted the assessment that had been undertaken by the Trust with regard to compliance with the new code and agreed a series of actions identified to address those areas where partial compliance had been identified. LP explained that the paper provides an update on progress against the actions identified which are detailed within Appendix 1 and advised that three actions remain open all of which have target completion dates outlined.</p> <p>In terms of amendments to the NHS Provider Licence, LP advised that the amended licence became effective from 1 April 2023. The NHS Provider Licence forms part of the oversight arrangements for the NHS. It sets out conditions that providers of NHS funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future. All NHS Foundation Trusts and NHS Trusts are required to hold a licence. LP talked through the key changes as detailed in the paper and advised that the Executive Team has agreed that, rather than wait to assess the Trust's position against the new licence conditions at year end, a proactive review will be undertaken to confirm the position and plans in relation to the licence conditions, including digital and net zero. This will be considered by the Executive Team and an update, together with next steps, will be provided to the Board in November.</p> <p>In terms of the amendments to the Enforcement Guidance, LP explained that NHSE had issued revised and expanded enforcement guidance to ensure alignment with new legislation and its new responsibilities arising from the 2022 Health and Care Act. The NHS enforcement guidance was first introduced in 2013 alongside the NHS provider licence. The changes reflect new legislative, statutory and policy requirements, including NHSE's statutory accountability for the oversight of both integrated care boards (ICBs) and NHS providers and the main changes affect the ICBs rather than Acute Trusts.</p> <p>The Board noted the updates.</p>	

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Bo.9.23.22	<p>Modern Slavery and Human Trafficking Statement</p> <p>LP presented the report and explained that the Modern Slavery Act is designed to consolidate various offences relating to slavery and human trafficking and states that commercial organisations with a total turnover in excess of £36million per year must publish a written slavery and human trafficking statement for the financial year. This should include the steps taken to ensure that slavery and human trafficking is not taking place, including within its supply chain.</p> <p>LP advised that the Act applies to commercial organisations and not necessarily intended to apply to the NHS. However, the Trust has had some instances where research funders have requested to see the Modern Slavery and Human Trafficking Statement as part of their funding conditions. Publishing a statement would also demonstrate the Trust's commitment to combatting slavery and human trafficking. Many other NHS trusts have chosen to publish statements. A draft statement has been produced with input from colleagues in HR, finance, procurement, safeguarding and Freedom to Speak Up.</p> <p>The Board approved the Modern Slavery and Human Trafficking Statement as detailed within Appendix 1 for publication on the Trust's website and to review the statement on an annual basis.</p>	
Bo.9.23.23	<p>Annual Data Protection Officer Information Governance Report</p> <p>Graeme Holmes, Information Governance Manager (GH) presented the report and explained the purpose of the report is to update the Board on the Information Governance (IG) programme, confirming the results of the Data Security and Protection Toolkit assessment for 2022/23 and internal audit outcome. It provides an overview of the arrangements in place to manage information risks and compliance in the year ahead and to provide a progress summary of the activities undertaken by the Information Governance service in-year. The report includes the opinion of the Data Protection Officer (DPO).</p> <p>GH reported that the position of the Trust and the level of compliance with IG related legislation and standards continues to be good. This can be further improved by building on the heightened awareness brought about by critical activities during the pandemic and increasing awareness of the Trust's expansive Digital, Data Intelligence and Insight agenda during and after.</p> <p>GH advised that the IG Service will continue to deliver a rolling programme of enhancements and checks and where necessary this will be supported by improvements to policy, procedures and guidance and the right tools and advice for staff to enable colleagues to carry out their duties in accordance with best practice IG standards. Training plan requirements and staff needs analysis will occur in 2023 as changed requirements brought about by the DSPT mean compliancy flexibility for Trusts delivering mandated training.</p>	

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	<p>PR thanked GH for presenting the report and referred to the recent significant information breaches that have affected organisations such as the Electoral Commission and asked GH if there was any assurance he can provide in relation to the confidence in Trust systems and approach to ensure there is no obvious vulnerability which could impact the Trust in relation to IG. GH stated that he does not believe that there are any concerns in relation to this and it was important to ensure training is provided to all staff to help prevent any possible breaches along with robust policies.</p> <p>AS asked about protection in terms of devices both Trust devices as well as personal ones. GH advised that only Trust devices should be used as they have the necessary protection in place.</p> <p>A discussion followed in relation to the importance of training and ensuring that staff understand the implications of data breaches and it was felt that the Trust has achieved a good standard of training at 96% which also provides assurance.</p> <p>The Board was assured by the update.</p>	
Bo.9.23.24	<p>Premises Assurance Model (PAM) Progress Report</p> <p>SA presented the item and advised that the PAM has been in place from 1st April 2018 when the NHSE Director of Estates & Facilities confirmed the requirement to adopt the Premises Assurance Model as a mandatory requirement. SA reported that the report assures the Board that Trust premises are safe against the five key domains which are safety, patient experience, efficiency, effectiveness and organisational governance. The Trust has consistently completed application of the PAM since 2018 and to ensure an accurate baseline the process was undertaken with the aid of an independent third party assessor to ensure impartiality. The process was further audited in 2021 and achieved 'High' assurance status.</p> <p>SA asked the Board to note the continued progress in re-application of the mandatory NHS PAM for 2023 and submission to NHSE in accordance with the 8th September 2023 deadline.</p> <p>The Board was assured by the update.</p>	
Bo.9.23.25	<p>Use of the Trust Seal</p> <p>LP presented the item and explained that in accordance with the Trust's Board of Directors Standing Orders (Section 8.4) 'A report of all sealings and signatures of documents as a deed shall be made to the Board by the Secretary to the Foundation Trust as and when required. The report shall contain details of the seal number, the description of the document and the date of sealing or signature.'</p> <p>LP advised that the last report was presented to the Board of Directors on 22nd September 2022 and Appendix A details the use</p>	

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	<p>of the Trust seal between 14th September 2022 – 14th September 2023.</p> <p>The Board was assured by the update.</p>	
Section 6: Board Meeting Outcomes		
Bo.9.23.26	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.9.23.27	<p>Issues to Refer to Board Committees/Academies or Elsewhere</p> <p>There were no issues to refer to the Committees/Academies or elsewhere.</p>	
Bo.9.23.28	<p>Date and Time of Next Meeting</p> <p>16th November 2023, 10am</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 21 September 2023

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo23002	Bo.3.23.3	Patient Story: KD proposed that a briefing session is organised for Governors and Non-Executive colleagues in relation to communication with patients and how to improve this for the benefit of all patients.	Associate Director of Corporate Governance and Board Secretary	November 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	November 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.	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 to undertake an analysis. The contract of the current service provider is currently being reviewed and as part of that it will be established if there is an opportunity for more detailed information. Update Sept 2023: FL reported that this analysis is not possible without compromising staff anonymity. MM asked KW if the People Academy can remain vigilant in relation to this area. KW said assurance would be sought but this will be done discreetly in order to protect staff anonymity. Complete.
Bo23009	Bo.9.23.10	Protecting and Expanding Elective Capacity – Self Certification The Board noted the progress made to allow completion and submission of the self-assessment	Chief Executive Officer/Chair	November 2023	The return has been completed and submitted to NHS England by the deadline date. Complete

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
		and approved this to be signed off by the CEO and Chair by 30 th September 2023.			
Bo23008	Bo.9.23.7	Report from the Chief Executive – Sexual Safety Charter: KD agreed to provide an informal update at a Board Development Session in approximately six months to share the progress as well as the findings that are emerging both locally and nationally as well as the definitions of what would be classed as sexual harassment	Chief Nurse	March 2024	
Bo23010					