

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 16 November 2023	Time:	10:30-14:30
Venue:	Meeting room, Listening for Life, BRI	Chair:	Helen Hirst, Interim Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Helen Hirst (HH) - Julie Lawreniuk (JL) - Sughra Nazir (SN) - Jon Prashar (JP) - Barrie Senior (BS) - Karen Walker (KW) - Mohammed Hussain (MHu) - Louise Bryant (LB) <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) - Dr Paul Rice, Chief Digital and Information Officer (PR) - Matthew Horner, Director of Finance (MH) 		
In Attendance:	<ul style="list-style-type: none"> - Faeem Lal, Interim Director of Human Resources (FL) - Laura Parsons, Associate Director of Corporate Governance & Board Secretary (LP) - Sara Hollins, Director of Midwifery (SH) for item Bo.11.23.3 only - Judith Connor, Associate Director of Quality for items Bo.11.23.16 and Bo.11.23.17 only 		
Observing:	<ul style="list-style-type: none"> - Katie Shepherd, Corporate Governance Manager - Andrew Hughes, Managing Director, ANHH Consulting - Dr Farzana Khan, Staff Governor - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		

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Section 1: Opening Matters		
	<p>Chair's Opening Remarks</p> <p>HH welcomed all attendees to the meeting. She made the following statement regarding the former Chairman's resignation:</p> <p>"Welcome to today's board meeting in public. I am Helen Hirst and I have been appointed as the interim chair following the resignation of Max McLean until a substantive chair is appointed.</p>	

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	<p>I want to start with a few comments about what has happened since the last board meeting, what we have been advised to do next by NHS England and what my plans are for the next two to three months.</p> <p>As has now become public knowledge, the Trust commissioned an independent review into concerns raised by the previous Chairman and the Chief Executive. I have not seen this review, but I do have a copy of the action plan and we will be discussing this later. It is coming to our closed board meeting today for the Board to endorse the plan. The plan covers matters of policy and procedure, specific areas of concern re patient safety, staff welfare and staff illness, Board member appraisals and specific communication and relationship issues between the former chair and chief executive. Given the chair is no longer here it seems appropriate to make some of the specific points referred to in the plan into more generic action points. Once these amendments have been made the plan will be presented to our open board in January along with a response to the letter from Richard Barker which is in your pack of papers.</p> <p>The former chair has written to individuals within the trust making two specific points where he believes communications sent out by the Trust were incorrect. The first relates to a communication that said that the Chief Executive had not fallen short of the expected standards for the role. I have discussed this point with the Chief Executive and the Deputy Chair. They informed me that the review did find that both the former chair and the chief executive actions, in some specific areas, fell short of the standard expected. The review did not find that either fell short of the overarching the standards or principles for public life expected of those occupying the role of Chair and CEO - the Nolan principles. The communication could have been clearer in this regard.</p> <p>The second point challenged by the former chair is whether he resigned voluntarily or was asked to resign. It is my understanding from discussions with those involved that he was asked to resign.</p> <p>Moving onto the letter from Richard Barker, Regional Director for NHSE. The letter sets out five specific actions that are all in train. The letter also asks the board to confirm that it accepts the findings of the review and will learn the lessons. This takes me onto my next steps as interim chair.</p> <p>Yesterday I discussed the timeframe for commissioning an external well led review with the NHSE Regional Office. This will start in January. In the meantime, I have restarted the board development work that was started in February 2023 and Andrew Hughes is here today observing our board. He will feedback to us at our next board development session in December where we will agree a programme of board development for the coming year. I have also asked Andrew to undertake a similar piece of development with the council of governors. And I am meeting the governors in early December to scope this.</p>	

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	<p>This has been a difficult time for the trust and for individuals involved specifically Max and Mel, and I hope we are able to now move forward with clear plans for improvement and truly learn the lessons, so we respond much more quickly in the future if things go wrong. I cannot erase what's happened, but I do want to draw a line under it."</p>	
<p>Bo.11.23.1</p>	<p>Apologies for Absence</p> <p>Apologies were received as follows: - Altaf Sadique, Non-Executive Director (AS)</p>	
<p>Bo.11.23.2</p>	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
<p>Bo.11.23.3</p>	<p>Maternity and Neonatal Services Update</p> <p>KD and SH introduced the maternity and neonatal services update, which included a focus on the discussion held at the Quality and Patient Safety Academy (QPSA) on 1st November and an update on delivery of the three-year plan for maternity and neonatal services. KD recognised that the Trust had been subject to a Rapid Quality Review led by NHS England and supported by the West Yorkshire Integrated Care Board. The Board was asked to consider if a task and finish group was required to review how to report on neonatal and maternity performance to provide maximum assurance.</p> <p>SH stated that the perinatal update papers were presented to both the September and October QPSA meetings, covering the August and September period respectively, which had approved the recommendations under delegated authority of the Trust Board. Details of harms including stillbirths, neonatal deaths and completed investigation reports including learning were shared with the closed Board papers for information.</p> <p>The main discussion points from the August and September report included the following key items:</p> <ul style="list-style-type: none"> • The number of harms which were received and discussed. • One investigation had now completed. The SI reports that had closed in September were discussed including learning and progress on actions. • The PMRT quarterly report was presented, and it was noted that the department was on track to achieve this standard. • The maternity training compliance was presented and discussed. • The October QPSA meeting received an update on progress for the three-year plan and this would be discussed further during this update to Board. • A summary of maternal deaths in the last 3 years was shared and a wider system learning event was being developed focusing on maternal suicides. • The quarterly Board level report and implementation plan for Saving Babies Lives Care Bundle V3 was noted and it was 	

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	<p>anticipated that the Trust would be able to demonstrate 50% compliance in each element and 70% compliance overall across all six elements by the next QPSA meeting in December.</p> <p>SH also provided an update on the three-year plan, the purpose of which is to improve the safety and quality of maternal and neonatal services. A summary of the plan has been presented to the Executive Team Meeting and Board in May, including the risks associated with delivery. Compliance with the long-standing Maternity Incentive Scheme 10 safety actions will support delivery of the plan in many areas, but SH noted that there were a number of areas which will prove challenging and may require Board level support in the next 12 months.</p> <p>These challenges included the need to achieve UNICEF accreditation, which will involve a significant training input additional to the core competency framework requirements, the progression of further maternity continuity of carer teams when safe staffing is achieved and sustained, and the new Equality Lead role within the service covering implantation. There was also a potential challenge in the development of an in-house equality dashboard and improvement plan based on findings, and maternity neonatal voices partnership involvement in co-production of services.</p> <p>SH provided an overview of the maternal deaths in the 2020-2023 period, noting that there were 4 antenatal deaths, 1 of which was an inpatient at the time of death and 1 of which was an early pregnancy not yet booked in. 5 were postnatal deaths, 4 of which were suicides and all of which were discharged from maternity care at the time of death. In terms of ethnicity, of the 9 total deaths, 2 identified as white British, 2 black African, 2 south Asian and 3 eastern European. All had been reported to MBRRACE-UK, 4 were referred to HSIB, 4 were reviewed by BDCT as a serious incident, and 1 was reviewed by both BTHFT and BDCT as a serious incident.</p> <p>This increase in maternal suicide was noted, and SH advised that a number of these were currently subject to a domestic homicide review. It had been agreed to hold a system wide learning event and this was being developed to identify opportunities to better identify postnatal women at risk of suicide, particularly in cases where there has been removal of a baby or significant safeguarding concerns.</p> <p>LB and MHu confirmed receipt of this comprehensive suite of papers in the QPSA and confirmed that they were assured by the information contained within. Consideration was being made regarding the potential for a separate discussion outside of the usual Academy routine on maternity, recognising the level of scrutiny in this area. MHu noted further work is to be done around health inequalities but recognised that the presentation shared by SH did include recognition of this.</p> <p>MHu recognised the need to consider the maternity and neonatal services update alongside the nursing and midwifery staffing review, which are also linked with the risk on the high-level risk register</p>	

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	<p>regarding the lack of safe staffing in maternity. KD reflected that the maternity staffing risk has been on the register for a long time, and there is a national shortage of midwives. The safe staffing review focuses on red flags in maternity around 1:1 care in labour, administering of pain relief etc., and this is directly linked to the risk on the risk register. KD recognised that the maternity report could include reflection on risks as part of the information shared at each Board meeting to support the Board to triangulate the information being presented.</p> <p>KW thanked SH for the clarity of information shared with the Board. She noted that there were some innovative and creative ideas for developing the Equality Lead role but recognised the need for the entire population to be covered by this.</p> <p>JL recognised the numbers of maternal deaths and welcomed the planned event to identify opportunities to prevent these. She queried if there was anything for the Board to be concerned about in relation to harms. SH advised that the team continues to undertake thematic reviews of harms to identify if there are any trends. Whilst none have yet been identified, the reviews would continue to be undertaken. If themes were identified, focused work would be undertaken to support this. SH highlighted that the Trust is an outlier in hypoxic brain injuries and work was ongoing to investigate these to understand what could be done differently, particularly for those which were avoidable.</p> <p>JL also reflected on the Equality Lead role and the request for financial support, and whilst this felt like the right direction of travel, there would be a need to consider this against other financial priorities considering the challenges currently faced by the Trust.</p> <p><i>Post-meeting clarification – The request was for ‘support’ and not a request for the Board to make funds available.</i></p> <p>SN welcomed the implementation of the Equality Lead and the need to ensure that this is representative of the broader community. In terms of further information, she referred to the culture leadership programme being informed by a survey that had a response rate of 41%, and queried whether this low response rate was truly representative in terms of themes identified. SH advised that an external company was providing guidance for the analysis and so this was pending, however the initial feedback was reflective of the department. The maternity and neonatal department were encouraging staff involvement in the staff survey to aid in capturing more feedback.</p> <p>SN also referred to the number of women in pregnancy with gestational diabetes and queried if considerations were being made as to managing this differently. SH recognised the large cohort of women with gestational diabetes and advised that there was lots of activity in train to try to reduce this risk, including reaching out to women in the community instead of requiring attendance at the BRI, and to ensure that NICE guidance in relation to scanning regimes</p>	<p>Chief Nurse / Director of Midwifery</p>

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	<p>was being met. She also highlighted that this was one of the key workstreams within the outstanding maternity programmes and remains on the radar, but there were many complexities attached to it the subject and there was no easy quick fix.</p> <p>SN reflected on the recurrent issues with blood transfusion and queried how this was being improved. SH advised that this was a Trust-wide issue rather than being maternity specific, but from a maternity perspective, the team was looking to increase uptake in the 'train the trainer' approach to ensure that more maternity staff were able to deliver the training to colleagues.</p> <p>JP thanked SH for the transparency of the information shared and noted his assurance of the information received. JP queried whether mental health issues were to be considered as part of the review of the maternal suicides. SH confirmed that a number of these women had already been known to have mental health problems and it was believed that they had been transferred onto other system partners with clear knowledge of this. She recognised the high workload of the perinatal mental health midwife and the need for a more focused team on continuity of mental health once safe staffing levels are in place.</p> <p>JP also referred to the recent CQC announcement in relation to maternity and the impact this would likely have on staff confidence and morale. SH reflected that colleagues did receive recognition of the excellent work that they do in maternity, and this would need to be continually reinforced, notwithstanding the need for continued improvement within the department.</p> <p>MP thanked SH for her excellent presentation. She flagged the work alluded to on a multiagency basis in respect of the maternal deaths and advised of some changes she had been alerted to regarding the removal of babies into care, which had previously often been traumatic. A system wide meeting would be held on 4th December to reflect on whether there was a need to remove so many babies into care and this would provide an opportunity to help reduce these numbers. She also welcomed the concentrated efforts around inequalities, and the connection into the children and families workstream at place. SH confirmed representation at the 1001 days stream of the Act as One programme and noted the ongoing efforts of the system to improve equality at place.</p> <p>MH reflected on the need to draw together all financial asks and consider them in totality to agree which to prioritise and share the rationale for these decisions.</p> <p>HH referred to the original ask relating to the development of a task and finish group to focus on maternity and neonatal related issues, and it was agreed that this would be welcomed to ensure the QPSA could also focus on other equally important topics, as well as maternity and neonatal services.</p>	

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	<p>HH also recognised the need for a further discussion on the Board's overall strategy around equality and whether there is sufficient oversight of this.</p> <p>The Board:</p> <ul style="list-style-type: none"> confirmed it was assured that, as a committee of the Board with delegated authority, the QPSA had reviewed and discussed the contents of the August and September Maternity and Neonatal (Perinatal) Services Update Papers and had reviewed the Quarter 2 Perinatal Mortality Review Tool (PMRT) report including the learning required to demonstrate compliance with safety action 1 of the Maternity Incentive Scheme; noted the information included within the closed Board papers describing the stillbirths, HIE and neonatal deaths occurring in August and September 2023 and both newly reported and ongoing investigations; acknowledged that Appendix 4a (completed internal incident report including learning) was shared at the October QPSA meeting and is available for the attention of closed Board; approved Appendix 5, the quarterly Board level report and implementation plan for Saving Babies' Lives Care Bundle Version 3, which has had external review from LMNS and ICB representatives. The Board noted it was anticipated that the Trust would be able to demonstrate 50% compliance in each element and 70% compliance overall across all 6 elements by the submission date; and received and acknowledged the accompanying presentation including update on progress with delivery of the Three-Year Plan for Maternity and Neonatal Service. 	<p>Associate Director of Corporate Governance and Board Secretary</p>
Section 2: Business From Previous Board Meeting		
<p>Bo.11.23.4</p>	<p>Minutes of the Meeting held on 21 September 2023</p> <p>The minutes of the meeting held on 21 September 2023 were approved as a true and accurate record.</p>	
<p>Bo.11.23.5</p>	<p>Matters Arising</p> <p>The actions from the log were reviewed and the outcomes agreed have been recorded within the action log.</p> <p>Correction to the minutes of the meeting held on 20 January 2022</p> <p>HH advised that there was an error in the minutes of the meeting held on 20 January 2022 in relation to item Bo.1.22.12, Maternity Services Update. The Board approved the proposed amendment on page 2 of the minutes, as follows (amendments included in italics):</p> <p><i>Two of the deaths were due to the Klebsiella outbreak, both were very premature babies.</i></p>	

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Section 3: Business Reports		
Bo.11.23.6	<p>Report from the Chief Executive</p> <p>MP asked that the paper be taken as read but drew the Board's attention to the letter received on 8th November from NHS England with an ask to undertake a rapid two-week exercise to agree actions required to deliver the priorities for the remainder of the financial year following the announcement of funds being provided to offset the deficits as a result of industrial action.</p> <p>The Trust was asked to deliver a plan to meet the original activity plan submitted, which would then feed into an ICB and Regional level plan. The plan did require Board sign off, but it was unlikely that this would be available before the close of the Board meeting today and so would need to be signed off via delegated authority. The Board confirmed they were content for JL, MH, and MP to sign off the plan submission on behalf of the Board.</p> <p>MHu referred to reports in the media regarding the likely areas of capital expenditure reallocation and whether the Trust was aware how this would apply to the NHS. MP advised that there had been no indication yet as to what impact this would have on the NHS and so capital investments continue to proceed as planned until notification is given to do otherwise.</p> <p>MHu was also interested in understanding the implications of the ICB restructure and whether there would be an impact for the Trust in terms of colleagues providing additional support to maintain business alongside the reduction in staffing. MP confirmed that the ICB operating model consultation is still ongoing and is in its final phases to determine the future structure. The intent is to create an operating model that is deliverable and fit for purpose in order to not adversely affect colleagues in having to provide additional support.</p> <p>MHu referred to communications on the Gaza / Israel conflict which were welcomed, and reflected a desire for the Trust to communicate parameters and boundaries about expressing solidarity at this time rather than rectifying issues when these boundaries are crossed. MP advised that the Trust continues to regularly share update communications and ensure support is available for all colleagues in a neutral and non-judgemental way.</p> <p>The Board noted the report.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.11.23.7	<p>Corporate Strategy</p> <p>MP introduced the corporate strategy which included a 'plan on a page' document representing the organisational strategy, and which was being shared with Board for assurance on progress made against the strategy.</p>	

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	<p>The paper details the delivery of the strategy and reinforces the reporting that goes to each Academy to ensure cross referencing. She clarified that green in the RAG rating does not mean that this is complete, it means that progress is on track. She was pleased to advise that there were no red ratings in the logic model.</p> <p>HH recognised the need for strategy to feel like something that is directing and informing the work that the Trust does, and this did appear to be reflected in the items on the Board's agenda.</p> <p>BAS recognised that whilst the RAG rating was a good indicator of progress, it would be useful to understand what actions were being taken to move the amber ratings to green. It was agreed that a note would be shared with the Board detailing additional information on the approach to progressing the amber areas to green.</p> <p>JL requested that a key be added to the document, and it was confirmed that this would be included in future updates.</p> <p>KW reflected that the strategy is aligned to the place, and it was important and relevant to note this.</p> <p>MHu highlighted the need to consider how Board learning connects with the strategy around culture and the need to continually consider whether the values and culture are lived by the Board. KW recognised this can be influenced through Academies, and whilst the vision and overarching strategy will not change, the supporting actions can be influenced.</p> <p>FL advised that the Trust is taking part in the NHS cultural leadership programme and the importance of measuring the culture within the organisation not just in terms of what the Board perceives as culture. As part of that, there is a cross sector working group of staff in place and this will help inform steps forward in terms of a cultural piece across the organisation.</p> <p>The Board was assured by the update.</p>	<p>Associate Director of Corporate Governance and Board Secretary</p> <p>Associate Director of Corporate Governance and Board Secretary</p>
<p>Bo.11.23.8</p>	<p>Digital Strategy Annual Report</p> <p>PR introduced the paper which sought to update the Board regarding developments and outputs with respect to Digital, Data, Intelligence and Insight at the Trust and provided the following key highlights:</p> <ul style="list-style-type: none"> • Historically the Trust has captured important data but has had challenges in rendering it back to the organisation. Improvements have been made to this, using 'making data count' principles and the triangulation of quality, performance, and HR elements. • A lot of EPR development work is underway, using the 'adopt and adapt' model which is creating opportunities for Bradford colleagues to reflect on their practice to see if anything can be improved. • The Virtual Royal Infirmary programme continues to progress well. 	

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	<ul style="list-style-type: none"> • In terms of how the digital team intends to work differently going forwards, there would be a focus on CSU business objectives and supporting operational colleagues in their ambitions to deliver higher quality care. • The team had recently recruited a business manager with a strong background in HR to help support staff-health and wellbeing. <p>MHu recognised that the migration to Microsoft 365 was successful, and the flexibility it gives the Trust to support staff was welcomed. He referred to a recent discussion at the QPSA which identified that the Trust was lacking in depth of coding and queried how this could be improved with the help of digital. PR confirmed that a focus programme of work was being undertaken to improve depth of coding.</p> <p>BAS advised that a progress report on the Command Centre has not been shared with the Board for some time and questioned when a further report would be available. PR and SA would provide an update and present to either an Academy or Board.</p> <p>HH also recognised visibility was needed via a high-level action plan to ensure oversight of the work ongoing to improve the depth of coding. PR would develop this and bring back to a future Board meeting.</p> <p>The Board was assured by the report.</p>	<p>Chief Digital and Information Officer / Chief Operating Officer</p> <p>Chief Digital and Information Officer</p>
Section 4a: People		
Bo.11.23.9	<p>Report from the Chair of the People Academy – September and October 2023</p> <p>KW introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The Academy reviewed the high-level risk in relation to access to a lone worker device for colleagues working in the community. • There was a robust discussion in relation to staffing, with improvements made to the onboarding process. • Registered Nurse turnover has reduced from 13.5% to 10.2% over the last 6 months and midwifery turnover is one of the lowest rates in the region. • The achievements of the Organisational Development team were celebrated following them being awarded the ‘Team of the Year’ at the HPMA Awards. • Negotiations have started in an attempt to end the consultant and junior doctor strikes with no further strikes planned. • The Academy discussed a new risk in relation to recruitment of staff given the recent adverse publicity and the impact on the reputation of the Trust. • There have been 25 concerns raised via FTSU in the last quarter, and all these are being reviewed and followed up as appropriate. 	

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	<ul style="list-style-type: none"> • Two Health Care Support Workers in the Trust had been awarded the Chief Nurse of England award. • The Trust has relaunched the 'Thriving Together' programme and a steering group has been set up chaired by the CEO in relation to this. Updates will be provided via the People Academy and the Board. <p>The Board was assured by the report.</p>	
Bo.11.23.10	<p>Equality and Diversity Council Update</p> <p>MP advised that there has not been a meeting of the EDC since the last Board meeting so there was nothing to report.</p>	
Bo.11.23.11	<p>Nursing and Midwifery Staffing Review</p> <p>KD advised that the nationally mandated staffing review has been discussed at several forums previously including the People Academy. She highlighted that the review is based on established posts, not actual numbers of staff in post. All nursing areas have been reviewed and the specific areas detailed in the paper were identified as increasing or decreasing in established posts.</p> <p>MP noted that this had already been subject to scrutiny at ETM where detailed context was provided to make appropriate challenge.</p> <p>MHu referred to the attached appendix in relation to maternity red flags and one of the highest scoring red flags being a delay in transfer to labour ward and queried how the staffing review supports improvement against this. KD advised that this particular issue is not supported by the staffing review as the delay in transfer to labour ward is often due to beds not being available due to high numbers of patients labouring rather than being a staffing issue. JL queried how we can be assured that the number of beds is appropriate, and SA advised that this is part of the planning process and reviewing the profile of demand historically.</p> <p>SN referred to an article in the local press this week regarding availability of beds and shortage of staff in the maternity unit which resulted in a woman giving birth at home. KD advised there is a current delay in inductions due to increased numbers of women presenting in labour, and this was impacting across the system not just within BTHFT. She noted that the normal practice is for women to be subject to a number of safety checks to ensure they are not sent home unless clinically safe to do so.</p> <p>The Board noted the paper and confirmed assurance of the process undertaken as part of the review in line with national recommendations. The Board supported the recommendation of the Chief Nurse for the 6 monthly strategic nurse staffing review and noted that where there is a change in service delivery the staffing implications will be presented as part of a business case from the</p>	

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	CSU with Chief Nursing oversight of the recommendations related to nurse or midwifery staffing.	
Section 4b: Finance and Performance		
Bo.11.23.12	<p>Report from the Chair of the Finance and Performance Academy – September and October 2023</p> <p>JL introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The Trust forecasts a deficit of £3.6m at year end (on the assumption that industrial action costs are funded), but there is a lot of work required to achieve this. • The Trust is under heightened financial scrutiny and therefore there has been an increased level of internal financial governance and governance. • A piece of work is being undertaken at Bradford place looking at programme budgeting and where there is potential to improve productivity and efficiency. • Consideration needs to be given to the balanced scorecard and ensuring waste reduction opportunities don't destabilise quality, safety and performance All Trusts are facing this challenge. • Elective performance is strong and waiting lists are good in comparison to other local trusts, but there is still a desire to improve further. • The opening of a younger person's frailty ward and an increased capacity for stroke rehabilitation will result in improved quality for patients. • The Academy was pleased to see the intermediate care review work happening at Place level which should impact on winter performance and was a good example of wider footprint working. The increase in place-based approaches to working was also welcomed. <p>MH reinforced the heightened scrutiny that all Trusts are under, and the financial challenges faced. There would likely be further controls around specific areas of cost to ensure that the Trust is doing all it can to reduce the forecast financial deficit and deliver a breakeven position by year end.</p> <p>SA referred to the Delivering Operational Excellence Workshop held with CSUs to look at quality, patient experience and performance. Outputs were being pulled from the workshop which would form the improvement plan for the next 18 months to two years, and this would be brought back to the F&P Academy in either November or January.</p> <p>The Board was assured by the update.</p>	
Bo.11.23.13	<p>Emergency Preparedness, Resilience and Response, and NHSE Core Standards</p> <p>SA introduced the paper which provided an update on the organisation's position against the 2023 NHS England Emergency</p>	

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	<p>Preparedness, Resilience and Response (EPRR) core standards. He advised that annually, NHSE organisations are required to submit a self-assessment against core standards and this year this would include evidence submissions as part of the assurance process.</p> <p>In line with the deadline of 29th September, the Trust completed its initial self-assessment against the 62 core standards and uploaded over 300 documents to the repository portal as part of the evidence requirement and stated its compliance level to be partially compliant. Feedback from the initial self-assessment was received on 24th October 2023 for the 62 standards after the check and challenge review process had been undertaken and supplementary evidence was then provided by the Trust resulting in a non-compliant rating of 32%. Currently there are 42 standards that are listed as partially compliant, and no standards listed as non-compliant.</p> <p>SA highlighted that a certain number of standards had to be rated as fully compliant to reach an overall 'partially compliant' rating, and as the Trust did not meet this, it has been rated as non-compliant. It was important to note that this did not mean the Trust was not able to respond adequately in an emergency, but that the evidence provided was not considered sufficient. SA highlighted that this low compliance has been seen across our region with Trusts either at the same compliance rating as BTHFT or scoring even lower (as low as 4%). Learning had been shared across WYAAT and to NHSE regional team.</p> <p>In addition to the self-assessment, the Trust is also required to submit an action plan to NHSE by 20th November. The action plan will require further work due to the short timescale from receipt as meetings need to be held with relevant internal and external stakeholders to pursue the actions, with indicative dates added. A more robust plan will be written going forward.</p> <p>The final documents require Board approval by 31st December detailing how full compliance will be achieved on the remaining partially compliant core standards. As there is no planned Board meeting in December, it was requested that sign off is provided by the Finance and Performance Academy via e-mail in December 2023.</p> <p>SA recognised that there has been plenty of opportunity to test the command-and-control structure and business continuity plans in place due to a number of incidents this year, including the industrial action periods, the severe weather disruption caused by snow in March, and the electrical outage. Learning exercises have been undertaken following each event. The EPRR team has increased by 100% with two WTEs now in place, but this may need increasing even further given the additional ask now in terms of providing evidence for EPRR standards. Any request for further staffing would be submitted via the planning committee.</p> <p>MHu queried as part of the learning from previous incidents what consideration has been made to EPR loss and recovery. SA</p>	

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	<p>confirmed that a full business continuity plan was in place in relation to EPR and this had been subject to an internal audit last year. There are also regular EPRR 'tests' to ensure business continuity plans are effective.</p> <p>KW queried whether staff are sighted on this compliance declaration, and whether they understand that this is not a deterioration in the Trust performance but rather a re-baselining of numbers. SA advised that staff would know if they had the relevant training to chair a command-and-control situation if required but would not necessarily have knowledge of the scores and detail against each of the standards. MP recognised that this was also demoralising for Steve Amos, Emergency Planning Manager who had worked to get the Trust to a good EPRR standard and suddenly at a change of goalposts this had reduced in compliance. It was acknowledged that this was not a reflection on the performance of the EPRR team.</p> <p>The Board noted the significant work undertaken to provide the evidence portfolio to NHSE for the review and noted the resultant compliance. The Board also provided approval for the sign off for the submission to NHSE by 20th November and approved the delegation of authority to the Finance and Performance Academy via email for the final documents due by 31st December.</p>	
Section 4c: Quality and Patient Safety		
Bo.11.23.14	<p>Report from the Chair of the Quality and Patient Safety Academy – September and October 2023</p> <p>MHu introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The concern around the delay in responding to SIs within the target time was acknowledged and discussed. It was recognised that the learning and outcomes from these was much more important than the length of time taken to respond. It was felt that the move to PSIRF would help support learning further. • There remained an ongoing theme of communication difficulties and this could be a key factor for potential harm to patients and so there was need for the Board to consider opportunities to improve this. • The discussion on SHMI and subsequent report and presentation to Academy was excellent, and learning could be taken from this. • The November Academy was extended to ensure a focus on neonatal serious incidents, and as a result the Academy was as assured as they could be regarding these, but recognition given to the need to now pivot to learning and improvement. • There was a spike in children's deaths in the period 28/09/21 – 17/10/23 and investigations and clinical reviews into these will continue. <p>LB reflected that the meeting in November was unusual given the extra time added to ensure sufficient focus on the neonatal serious incidents' discussion, and that the task and finish group to focus on</p>	

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	<p>maternity would be welcomed as it is taking up a large proportion of the Academy time and other important matters are not being considered sufficiently.</p> <p>RS reflected that despite the meeting in November overrunning, items were still considered sufficiently, for example the PSIRF item, due to colleagues recognising the importance of this. The fact that a member of staff felt that they could demand sufficient time given to their agenda item was reflective of the culture of the organisation.</p> <p>The Board was assured by the update.</p>	
<p>Bo.11.23.15</p>	<p>Research Activity in the Trust</p> <p>RS introduced the report which was taken as read and provided information on some of the key research activities in the Trust. RS advised that the report felt more informative than assurance based and sought Board consideration as to whether this was still required and if so, whether it should be noted for information rather than for assurance and how often it should be reported on.</p> <p>MH reflected that the research update was something that the Board collectively requested given that research is such a large part of the organisation. However, consideration should be made as to how this could be presented differently, such as the use of a research dashboard and what metrics should be included for the Board to understand. He would be keen to understand the value and benefit directly to patient care and have some visibility of the Improvement Academy to help bridge this gap. There could also be increased visibility of the smaller research at ward level.</p> <p>RS advised that the research dashboard is in development, and he had hoped it would be ready for now, but it was delayed slightly. In terms of the Improvement Academy, Mike McCooe, Associate Medical Director, would be happy to attend the Board and share updates on the improvements made for the community. In addition, Rebecca Lawton, Director of the Patient Safety Research Centre would be happy to present at Board.</p> <p>LB recognised there was prestige, motivation and value for staff being involved in research and the Board should be sighted on this, perhaps via the People Academy. However, it would be difficult to apply a quantitative metric against it. There should also be a financial benefit for the Trust in being involved in research, and LB queried whether this is optimised as much as it could be. It would also be good to see how the research undertaken in Bradford impacts on strategic priorities. HH agreed on the importance of ensuring that we consider the impact and opportunities on strategy and improvement works.</p> <p>KW referred to the stroke research which was presented at the Board previously and which was now visible in terms of manifestation of this into the stroke wards.</p>	

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	<p>MP advised that there is a large number of research and innovation assets within the district and a piece of work called 'Research as One' to tie these assets together. It would be good to get business insight and intelligence into our contribution to this place level piece of work too in advance of the next report.</p> <p>The Board was assured by the update.</p>	<p>Chief Medical Officer</p>
<p>Bo.11.23.16</p>	<p>Improvement Strategy</p> <p>JC introduced the Trust's improvement strategy which had been shared with the Board for approval. This strategy sets out the Trust's ambitions over the next 5 years to embed the approach to Quality and Improvement and it was hoped that by taking an aligned and integrated approach to improvement delivery and building improvement capability across the organisation and the wider system, investing in people, and working with local communities, it will create a culture of safety, where people can freely speak about quality of care, value diversity, and embody compassionate leadership. JC advised that a number of teams, including transformation and organisational development had contributed to the development of the strategy.</p> <p>PR and RS shared their appreciation for JC and her colleagues for the work on developing this strategy and recognised the contribution of varied teams to develop this. JL welcomed the language used in the document which was comprehensive.</p> <p>KW recognised the need to embed this within the organisation with support from the organisational development team. JC confirmed that Cat Shutt, Head of Organisational Development was heavily involved with the strategy and would support embedding this. JC was also due to hold a session with the Clinical Service Units (CSUs) to bring improvement to life and get the work implemented at ground level. RS reflected that the engagement between the quality and improvement team and the CSUs is better than it has ever been.</p> <p>HH referred to the need to ensure that any improvement methodology is robust. JC confirmed they have adopted the Institute of Health Improvement's model for improvement as well as developing outstanding programmes using that methodology.</p> <p>The Board approved the Improvement Strategy.</p>	
<p>Bo.11.23.17</p>	<p>Patient Safety Incident Response Framework (PSIRF) Plan</p> <p>JC presented the PSIRF policy and plan, advising that this had been discussed previously with executive colleagues at ETM. Contractually, the Trust is obliged to transition to PSIRF this Autumn and so a new policy was developed to detail how incidents would be investigated under this framework. The plan had been developed in consultation with external stakeholders including Bradford Council.</p>	

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	<p>JC reminded the Board that PSIRF is a core element of the NHS Patient Safety Strategy. It will replace the current SI framework and represents a significant shift in the way the NHS responds to patient safety incidents, centring on compassion and involving those affected; system-based approaches to learning and improvement; considered and proportionate responses; and supportive oversight.</p> <p>JC commented that the main difference with the new PSIRF in comparison with the old incident framework is that the Board owns the oversight and outcomes of investigations rather than the healthcare partnership. It moves away from a criterion / investigative approach to a learning style approach, looking at how resources could be used more effectively and efficiently. There are two major priorities in the plan, one around mental health and supporting patients in the Trust with both physical and mental health needs, and the other on internal transfers. There is a third 'catch all' in the plan too for incidents such as a loss of power.</p> <p>RS recognised the challenge in the Board changing how they think about investigations and reports given it is such a steep change but welcomed the opportunity to embrace this and work better as a result.</p> <p>KW welcomed the introduction of the PSIRF framework and was struck by the quote 'we need to stop pulling people out of the river and go upstream to see why they are falling in' – she queried what work was ongoing to support this idea. She asked if there were opportunities for colleagues to input to this and create a bottom-up culture. JC noted there were opportunities to have these discussions and an external provider had been sourced to provide training at all levels across the organisation to enable this thought process. It was recognised that PSIRF went hand in hand with the improvement strategy.</p> <p>MHu hoped that PSIRF would help the Board better understand positive assurances and negative factors and any culture or other themes that they needed to be aware of.</p> <p>The Board approved the policy and plan, and the transition date of 1st December.</p>	
Section 4d: Partnerships		
Bo.11.23.18	<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 for any questions. There were no questions or clarification required from colleagues.</p>	

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	The Board was assured by the update.	
Section 4e: Audit & Assurance		
Bo.11.23.19	<p>Report from the Chair of the Charitable Funds Committee – November 2023</p> <p>JL presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • A neonatal appeal was underway to raise funds to develop a unit for families who are using neonatal services. • The aspiration of charitable funds team is to have a 25% rate of return on spending, discussion was held about how to achieve this including the need for big appeals to meet those targets and expansion of the charity team. <p>There had been some minor changes made to the terms of reference and these were shared with the Board for approval.</p> <p>The Board was assured by the update and approved the updated terms of reference.</p>	
Bo.11.23.20	<p>Board Assurance Framework (BAF) and High-Level Risks</p> <p>LP introduced the BAF and advised that there have been no changes to the risk scores since this was last presented at the Board meeting. She also advised that this had been reviewed at ETM and alluded to a discussion held about whether to add a new risk in relation to well-led in the overall governance of the organisation. At both the People and Finance & Performance Academies, it was suggested that consideration be given to the potential impact of recent adverse publicity on staff recruitment (BAF risk 3.1). This will be considered with the Interim Director of HR when the BAF is next reviewed.</p> <p>LP also provided an overview of high-level risks noting that there was one risk past its mitigation date that has since been closed (3880) in relation to the increasing cost of gas and power which has now been reflected in budgets and contracts. This would be reflected in the next report to the Board. There were four new risks added to the high-level risk register and one risk reduced in score which were all detailed in the paper.</p> <p>BAS referred to the rescheduling of mitigated target dates and queried whether it was acceptable for the target date to be deferred numerous times. MP recognised this was a fair challenge and that in some instances, such as staff shortages, the target is reached but then the goalposts have shifted and so it remains a risk to the organisation and stays on the risk register for considerable time. However, the Board does need to challenge itself on risks such as in relation to a specific function where the mitigations should be complete. KD suggested that it be made routine practice to review</p>	<p>Associate Director of Corporate</p>

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	<p>the overarching risk assessment upon changing a risk target mitigation date.</p> <p>In additional, further consideration could be made to the presentation of the risks to assure Board that progress is being made on risks even if the target date is deferred. MHu suggested that the target level for risks and the steps being taken to reach this should be included as part of the main cover paper rather than within appendices for clarity on this. LP would make these changes in future editions of the report.</p> <p>The Board was assured that all risks on the HLRR and BAF were appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.</p>	<p>Governance and Board Secretary</p>
<p>Section 5: Governance</p>		
<p>Bo.11.23.21</p>	<p>Communications – Annual Update</p> <p>SA introduced the paper which detailed the business of the communications team. It included an overview of the areas most accessed via the Intranet and the website, detailed the positive coverage in the media including the recognition of the Yorkshire Midwives on Call programme and the Baggins the Bear charity initiative which was shared on Look North and results in a substantive donation from a Charity Partner to support this further.</p> <p>SA recognised that there were also other digital channels such as social media platforms that has resulted in engagement opportunities, and the communications team have collaborated with colleagues to share Thrive activities such as the Conference and recent events including the Filipino Celebration.</p> <p>KW commented that previously she has been of the view that BTHFT has been modest in terms of its communications and welcomed the change in approach. She also acknowledged the considerable number of Freedom of Information and media enquiries received. She highlighted that BTHFT is fifth on the list for website hits on vacancies so recent media coverage of the events in the Trust does not seem to have impacted negatively on recruitment.</p> <p>The Board noted the update.</p>	
<p>Bo.11.23.22</p>	<p>Membership Plan – 6 Monthly Update</p> <p>LP introduced the paper which had been shared with the Board for information. There were two areas being focused on in terms of membership which is Keighley constituents and members aged between 16-22 as these categories are currently underrepresented. This focused work has led to the recruitment of 13 new younger members so far, but as yet there were no further new memberships from Keighley constituents. There will shortly be an election however</p>	

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	<p>for a new Keighley Governor and on the back of the promotional material circulated new members will be sought.</p> <p>HH sought Board approval to transfer responsibility of the membership plan to the Council of Governors with support provided from the Board as and when required.</p> <p>The Board noted the update and confirmed approval for the transfer of responsibility for this to the Council of Governors.</p>	
Bo.11.23.23	<p>Non-Executive Director Champion Roles – Annual Review</p> <p>HH recognised that NED appraisals had not yet taken place in 2023 and suggested that the review of NED champion roles be considered as part of the appraisal process. She hoped to conduct all NED appraisals in January 2024.</p> <p>The Board approved this approach.</p>	
Bo.11.23.24	<p>Board Work Plan – 2024/25</p> <p>LP introduced the 2024/25 workplan for Board approval. She recognised there would be changes to this following the effectiveness work and this would continue to be a live document that would be updated and brought back to Board as appropriate.</p> <p>The workplan was approved by the Board.</p>	
Section 6: Board Meeting Outcomes		
Bo.11.23.25	<p>Any Other Business</p> <p>No other business was discussed.</p>	
Bo.11.23.26	<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.11.23.27	<p>Review of Meeting</p> <p>HH recognised that the meeting had overrun but it was felt that full consideration was given to the set agenda with appropriate and fair challenges made.</p> <p>JP noted that the earlier discussion on Board Development and working together was helpful and reflected within the Board meeting. However, he recognised the need to rebuild trust between the Board and staff colleagues, some of whom were now sceptical and distrusting of the Board.</p>	

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	SN suggested that the BAF could be reviewed at the start of the agenda as more consideration and reflection might be given if it is at the start rather than at the end.	
Bo.11.23.28	Date and Time of Next Meeting 18 th January 2024, 9:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 16 November 2023

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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	January 2024	Added to Board Development planner – date to be confirmed.
Bo23010	Bo.11.23.3	Maternity and Neonatal Services Update: There would be a need for a further Board discussion on the overall strategy around Equality.	Associate Director of Corporate Governance and Board Secretary	January 2024	On the Board workplan for March 2024. Action closed.
Bo23011	Bo.11.23.3	Maternity and Neonatal Services Update: KD recognised that the maternity report could include reflection on risks as part of the information shared at each Board meeting to help further link these together.	Chief Nurse / Director of Midwifery	January 2024	To be addressed under agenda item Bo.1.24.10 on the agenda. <u>Action closed.</u>
Bo23012	Bo.11.23.8	Digital Strategy Annual Report: PR and SA would provide an update on the Command Centre progress and bring back through either an Academy or Board.	Chief Digital and Information Officer / Chief Operating Officer	January 2024	PR and SA advised that this would be taken through the Finance and Performance Academy. <u>Action closed.</u>
Bo23014	Bo.11.23.15	Research Activity in the Trust: MP advised that there is a large number of research and innovation assets within the district and a piece of work called 'Research as One' to tie these assets together. It would be good to get business insight and intelligence into our contribution to this place level piece of work too in advance of the next report.	Chief Medical Officer	January 2024	See briefing note at Appendix 1. <u>Action closed.</u>
Bo23015	Bo.11.23.20	Board Assurance Framework and High-Level Risks: It was suggested that the target level for risks and the steps being taken to reach this should be included as part of the main cover paper rather than	Associate Director of Corporate Governance and Board Secretary	January 2024	Target risk scores have been added to the cover paper. <u>Action closed.</u>

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		within appendices for clarity on this. LP would make these changes in future editions of the report.			
Bo23013	Bo.11.23.8	Digital Strategy Annual Report: PR to develop a high-level action plan to ensure oversight of the work ongoing to improve depth of coding and bring this to a future Board meeting.	Chief Digital and Information Officer	March 2024	
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	
Bo23016					

Appendix 1 – Briefing in relation to Action ID Bo23014

‘Research as One’ was the City of Research and was rebranded to fit in line with ‘Act as One’. City of Research was also felt to exclude Airedale which we were keen to avoid. The ‘Research as One’ work is led by the research leads from around Bradford and Airedale (primary care, acute hospitals, council, University of Bradford, Ambulance Trust, Bradford District Care Trust and Y&H Network) and is focused on four areas which aims to make research more accessible, less bureaucratic, collaborative, synergistic and improve research staffing and training. The four areas that we are focusing on are : Development, Governance, Research Delivery & Dissemination. We have representation on the Priorities and Enablers meeting of the Health Care Partnership meeting too. As a Trust we are very much involved in this piece of work; It’s a continuation of the collaboration we have been doing as research organisations for the last 15 years and aligning it with the ICS structures.