

BOARD OF DIRECTORS OPEN MEETING MINUTES

Date:	Thursday 14 March 2024	Time:	09:30 – 14:00
Venue:	Conference Room, Field House, BRI	Chair:	Sarah Jones, Chair
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Sarah Jones (SJ) - Bryan Machin (BM) - Julie Lawreniuk (JL) - Karen Walker (KW) - Louise Bryant (LB) - Zafir Ali (ZA) <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) - Matthew Horner, Director of Finance (MH) 		
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) - Jacqui Maurice, Head of Corporate Governance - Arshad Mohammed, SPaRC team (MA) for item Bo.3.24.3 only - Rubina Yasin, SPaRC team (RY) for item Bo.3.24.3 only - Kez Hayat, Head of Equality, Diversity & Inclusion (KH) for item Bo.3.24.16 only - Sara Hollins, Director of Midwifery (SH) for item Bo.3.24.20 only - Sam Wallis, - Annesha Archyangelio, Chief Nurse for Specialised Commissioning, NHS England (AA) for item Bo.3.24.20 only - Sharon Milner, Charity Director (SM) for item Bo.3.24.23 only - Michael Quinlan, Deputy Director of Finance (MQ) for item Bo.3.24.23 only - Tabitha Lawreniuk, Personal Business Manager as Secretariat 		
Observing:	<ul style="list-style-type: none"> - Helen Wilson, Staff Governor - Mark Hindmarsh, Incoming Director of Strategy and Transformation - CQC Inspector colleagues 		

No.	Agenda Item	Action
Section 1: Opening Matters		
Bo.3.24.1	<p>Apologies for Absence</p> <p>Apologies were received as follows:</p> <ul style="list-style-type: none"> - Altaf Sadique, Non-Executive Director - Sughra Nazir, Non-Executive Director 	

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	<p>- Mohammed Hussain (authorised absence), Non-Executive Director</p>	
Bo.3.24.2	<p>Declarations of Interest</p> <p>There were two declarations of interest noted from SJ who declared that she was Chair of an apprenticeship business, and her brother is a current NHS Director in Cheshire and Merseyside.</p> <p>KD is pending confirmation of her appointment as a trustee for Mind in Bradford.</p> <p>It was agreed that future versions of the declarations of interest report would include highlights of any changes since the previous version.</p>	<p>Associate Director of Corporate Governance / Board Secretary Bo24006</p>
Bo.3.24.3	<p>Spiritual, Pastoral and Religious Care (SPaRC) Team – Ramadan Allies</p> <p>AM and RY joined the Board to provide an update on the Ramdan Allies Project which had been developed by the SPaRC team and had won the HSJ Award for ‘Staff Wellbeing Initiative of the Year 2023’.</p> <p>AM provided a brief overview of Ramadan, which is one of the five pillars in Islam and sees Muslims fasting from dawn until sunset for 29 to 30 days. AM highlighted that during this period, there is an increase in the use of prayer facilities for work, increased requests for annual leave and flexibility in working hours, and an increase in Ramadan related queries from managers.</p> <p>The presentation highlighted that during Ramadan, colleagues would value more flexible shift patterns, their team members understanding the significance of Ramadan to individuals, annual leave being granted for the final days of Ramadan, and nearly half of staff would value reduced hours during this time.</p> <p>The SPaRC team’s vision was to make BTHFT a Ramadan Friendly Employer which led to the development of the Ramadan Allies project, and the request for colleagues to become a Ramadan Ally. As an ally, colleagues pledge to be committed to positive action to create the ‘Ramadan Experience’; a Ramadan inclusive ethos in the workplace; a pro-active approach around Ramadan dialogue; champion the right for all to bring themselves to work fully and unconditionally, and create a culture of acceptance and support. The project is run in collaboration with a number of internal teams including OD, HR, Bradford Hospitals Charity, and communications.</p> <p>The SPaRC team also provide managers with Ramadan ‘PROP’ packs upon request which include all the materials needed to create a prayer room at any place in the hospital and staff have access to ‘FAST’ packs. Over 1,300 FAST packs, and 1,300 PROP packs have been handed out thus far.</p>	

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	<p>AM highlighted some key results from the project including the recruitment of 120 Ramadan allies, 98% staff engagement in the project, and the project being featured in an NHS England publication. The presentation also shared extracts of feedback and positive outcomes received by the team, and how best practice has been shared externally.</p> <p>RY also provided an overview of the Ramadan Roadshow which shared information with colleagues about the Trust's flexible workforce policy, distributed PROP packs for managers, recruited more Ramadan allies and allowed for staff across sites to meet the Ramadan project ambassadors.</p> <p>MP thanked RY and MA for their hard work on the project and the sharing of it with other organisations. She reflected that there are also areas of good practice in other Trusts, such as the extension of visiting hours, which BTHFT has adopted to enable better support for patients and their families. JL echoed her thanks to SPaRC colleagues and noted that the Trust was lucky to have such a creative and passionate SPaRC team. She welcomed the encouragement to have open conversations about Ramadan that previously she may have lacked the confidence to have.</p> <p>FL recognised the difference this initiative made as a Muslim member of staff. He invited MA to share the support provided to staff for their evening prayers, and MA advised that for staff on evening and night shifts who cannot attend the local mosques, evening prayer has been implemented at the place of worship in the Trust to enable staff to attend.</p> <p>SA referenced the 'Pause for Peace' initiative that the SPaRC team had started and commented that this had enabled difficult conversations to happen amongst managers and staff where previously they may have felt uncomfortable. This confidence to speak openly starts from top down, and the conversations help broaden understanding and knowledge about Ramadan. This understanding also helps day to day outside of the Ramadan period as there is a wider understanding of the Muslim faith and that makes a difference to the community we serve.</p> <p>RS welcomed that this is not solely a Muslim project as it encompasses all those across the organisation. He queried if benefits from the initiative are seen all year round and RY advised that relationships seem much improved as a result of this, and teams such as pharmacy feel able to have more open conversations in a more relaxed manner. However, she recognised there was still further room for improvement.</p> <p>KW asserted that the work of the SPaRC team will have contributed to the good improvement scores reflected in the staff survey and hoped that there would be an opportunity for the initiative to be shared even more widely, particularly given the passion of SPaRC colleagues.</p>	

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	The Board thanked the SPaRC team for their time.	
Section 2: Business From Previous Board Meeting		
Bo.3.24.4	Minutes of the Meeting held on 18 January 2024 The minutes of the meeting held on 18 January 2024 were approved as a true and accurate record.	
Bo.3.24.5	Matters Arising The following actions were reviewed, and the outcomes confirmed. <ul style="list-style-type: none"> • <u>Bo23016 Corporate Strategy</u>: An update had been circulated via email on progressing amber areas to green. <u>Action closed.</u> • <u>Bo24001 Declarations of Interest</u>: The declarations of interest document was amended and re-published to include all Board Directors. <u>Action closed.</u> • <u>Bo24002 Board Assurance Framework (BAF) and High-Level Risks</u>: ETM reviewed and confirmed the revised narrative for risk 3810 at their meeting on 19 February – so that it better reflected the current position. <u>Action closed.</u> • <u>Bo24003 Maternity and Neonatal Services Update</u>: Zafir Ali has temporarily been appointed as NED Maternity Champion following the term end of Jon Prashar. <u>Action closed.</u> • <u>Bo24005 Review of Meeting</u>: The finance report, performance report and integrated dashboard report remain as separate items on the agenda. <u>Action closed.</u> 	
Section 3: Business Reports		
Bo.3.24.6	Report from Chair SJ stated that this was her first Board meeting at the Trust and her first opportunity to meet some colleagues in person. She thanked them for their warm welcome and acknowledged that whilst there are challenges within the Board, she had noted that the Board was committed to overcoming these and working together. She advised there were some changes she wished to make to the Board structure and ways of working, but she would share these with the Board in the coming weeks and a longer-term board development plan would be put in place to strengthen the Board as a team. The report was taken as read and SJ invited further comments from the Board, of which there were none. The Board noted the report.	

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Bo.3.24.7	<p>Report from the Chief Executive</p> <p>MP advised that the Trust is in the middle of an unannounced CQC inspection which began on 12 March relating to medicine services. The Trust has also been notified of an inspection into the well-led domain which will take place mid-April 2024.</p> <p>MP highlighted the following key points from the report in relation to the Quality Improvement Group (QIG) meeting that took place on 26 January 2024:</p> <ul style="list-style-type: none"> • Following the meeting, a letter was received by the Trust advising that on the matters relating to the care of babies in the neonatal unit, the reporting and learning from incidents, and the board governance and transparency related to this area; the QIG has received significant assurance and now closed this line of enquiry. • The letter and the findings on which it is based finally provides external validation that the neonatal service is safe and high quality and contrary to allegations, clearly chronicles that the Board and the Quality and Patient Safety Academy were fully sighted throughout on all matters subsequently raised as concerns. • MP expressed her thanks to clinical teams on the neonatal unit for their cooperation and professionalism during this difficult period which was also commented on by the QIG team. <p>The Board noted the report.</p>	
Section 4a: Delivery of the Trust's Corporate Strategy		
Bo.3.24.8	<p>Board Assurance Framework (BAF) and High-Level Risks</p> <p>LP introduced the report which detailed changes to the BAF and high-level risk register.</p> <p>In relation to the BAF, LP highlighted the following:</p> <ul style="list-style-type: none"> • There have been no material changes to the risk scores. • All target scores remained at amber except for strategic objective five in relation to partnerships which was rated green. • The highest risk areas relate to finance, recruitment to vacancies and governance. <p>Regarding the high-level risk register, the following information and amendments were shared:</p> <ul style="list-style-type: none"> • There were currently 17 risks in total on the high-level risk register. • There has been one new risk proposed for addition to the HLRR in relation to the risk of 'Harm to children referred to paediatric service as new patients from a relay in initial diagnosis and initiation of appropriate investigation and therapy.' The Executive Team had discussed this and agreed that this would be a focus for discussion at the next Children's 'Executive to 	

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	<p>CSU meeting' before a decision is made on whether to include this as a high-level risk.</p> <ul style="list-style-type: none"> • One new risk has been added to the risk register (3309 – delays in processing histopathology samples), currently scoring at 16 with a target score of 4. • Risk 3877 (operational pressures resulting in delays to treatment) had been discussed at the Finance and Performance Academy and the score had been reduced to 12 which is the current target score. Therefore, the target score would be reduced. • Risk 3896 (specifically relating to gynaecology histopathology delays) had been discussed at the Quality and Patient Safety Academy and reduced to a risk score of 12. <p>SJ advised that she would discuss risk 3468 (correct recording of activity on EPR) offline with SA as she had some queries relating to this.</p> <p>BM referred to the overall risk relating to 'backlog maintenance resulting in the closure of risk 3788' which was a specific risk around roof leaks in Heaton House. He queried how these specific issues would be monitored through the wider risk, and LP advised this would be through risk assessment routes and teams monitoring this.</p> <p>SJ reflected that there were six risks past their review date and queried if this was the norm. LP advised this is higher than usual, but they do get reviewed on a regular cycle. It was agreed that future iterations of the report would include a trend analysis of whether the number of risks past their review date had increased or decreased in comparison to the previous report.</p> <p>There had been a number of minor changes to the risk management strategy which the Board approved.</p> <p>The Board was assured that all risks on the High-Level Risk Register and BAF are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.</p> <p>The Board approved the revised Risk Management Strategy.</p>	<p style="text-align: center;">Associate Director of Corporate Governance / Board Secretary Bo24007</p>
Section 4b: Finance and Performance		
Bo.3.24.9	<p>Report from the Chair of the Finance and Performance Academy (January & February 2024)</p> <p>JL provided an overview of the report highlighting the following items:</p> <ul style="list-style-type: none"> • The January meeting highlighted an alert to the Board in relation to the risks to delivering the 2023/24 plan. This would be discussed further by MH under item Bo.3.24.10. 	

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	<ul style="list-style-type: none"> • The Academy also discussed the significant underlying financial position; the actions being taken to minimise this risk and the significant deficit being carried into the next financial year. At this stage in the planning process there is more than £40m of risk that will need to be managed to deliver a break-even plan. • The Academy received an update in relation to Intermediate Care at the February meeting on the impact that the challenges in the local authority are having on our admitted pathway. The Trust is working closely with our health and social care partners to reduce delays and mitigate the impact of the financial pressures. <p>The Board was assured by the report.</p>	
Bo.3.24.10	<p>Operational and Financial Plan 2024/25</p> <p>MH introduced the 2024/25 draft operational and financial plan and highlighted the following:</p> <ul style="list-style-type: none"> • This had been a particularly challenging year in terms of process. • The plan included realistic and plausible but stretching plans. It would be helpful for the Board to further understand how the plans triangulate and this could potentially be a topic for an extraordinary update session. • In relation to workforce, FL noted the following assumptions: <ul style="list-style-type: none"> - Reductions in temporary staffing across the year (substantive staff growth tracked against temporary staffing reduction) - No further Industrial Action in 2024/25 - Turnover target of 9.75% - Sickness absence target of 5.2% • Key headlines relating to the workforce plan included a planned growth of 3.89% of substantive staff, and a planned reduction of 12.44% of bank staff and 68.94% agency staff. • In relation to activity and performance plans, SA advised there is no formal guidance issued as yet, so 2023/24 priorities and NHSE locality team insight has been used to inform plans. • It was anticipated that activity plans will inform elective recovery fund (ERF), which would work in a similar way to payment by results (PbR). • Key performance targets were: <ul style="list-style-type: none"> - no 65-week RTT waits by September 2024 - 77% Faster Diagnosis Standard and 70% 62-day cancer - 77% Emergency Care Standard performance - 92% bed occupancy - The DM01 target was believed to be set to 95% but this was not yet confirmed. • In relation to activity and performance, SA noted the following assumptions: <ul style="list-style-type: none"> - Waste reduction programme has no negative impact on current levels of activity and performance (or Clinical Service 	

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	<p>Unit (CSU) plans supported by already approved business cases)</p> <ul style="list-style-type: none"> - Capital programmes complete on time (particularly St Luke's Hospital Day Case Unit) - Services sustain or improve in line with the plans they have described (which were triangulated with quality, finance, and workforce plans) - Improvements aligned to delivering operational excellence and Getting it Right First Time (GIRFT) further faster can be realised. <ul style="list-style-type: none"> • An ambitious stretch target has been set to reduce outpatient follow ups to create capacity for new patients which is in line with the national ask of NHS England. • The ambition is to meet zero 65 week waits by August ahead of the September targeted time frame. • Against the 92% bed occupancy levels, it was expected that the Trust occupancy would average at 93.5% due to the limited bed capacity with an aim of >95% during Winter. • In relation to cancer and diagnostics, the Trust was aiming to be fully compliant with cancer targets with an additional stretch target to exceed these. • It was believed the opening of the Community Diagnostic Centre would help with the increased growth in diagnostic demand but there would be a balance of performance improvement against realistic financial opportunities. • MH updated on the draft plan for finance in 2024/25 highlighting the underlying challenging from 2023/24 that will be taken forward into 2024/25 and the increasing costs in relation to inflation. • Key headlines included the £54.6m deficit before the Waste Reduction Programme (WRP) which would reduce to a net deficit plan of £28.3m if the WRP target of £26.3m is achieved. In relation to inflation, the realistic assessment in excess of the NHS nationally published assumptions is £3.7m for utilities, £1.6m for drugs and £3.4m for non-pay uplift. • The majority of WRP plans were rated high or medium risk and scrutiny on credibility of WRP delivery is to be expected. • There has been a revised approach to WRP for 2024/25 including the introduction of a corporate project management structure to oversee the delivery of WRP led by the Director of Strategy via a Waste Reduction Programme Board (WRPB). Each CSU would have an executive sponsor to help them reach their target. • Key messages for the Board in relation to the plan included: <ul style="list-style-type: none"> - Recognition of the scale of challenge (9.4% of turnover to remove the £54.6m deficit) - The need to submit a plausible/ realistic but very stretching plan with robust quality impact assessment processes in place. - There are unpalatable options that will need to be considered. - There are opportunities at place and across the West Yorkshire Association of Acute Trusts (WYAAT), and 	

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	<p>discussions are ongoing to address these at a place and Integrated Care System (ICS) level.</p> <ul style="list-style-type: none"> There were a number of next steps including to continue to embed the updated governance arrangements and communicate the 'financial recovery' position to the organisation. There would be a need to establish a strengthened financial reporting and delivery framework and recalibrate the non-financial productivity KPIs triangulating performance and waste reduction. He welcomed a dedicated Board session on the Operational Plan to discuss this further and it was suggested that this takes place in April. <p>SJ queried the aspiration of apprentice growth of 7% and how many apprenticeships are currently in the Trust. FL confirmed currently around 370 apprentices but still some room in the apprenticeship levy to grow this further.</p> <p>KW recognised the challenge faced by the Trust and reflected that the challenge needed to be carefully communicated to staff in a more positive manner to involve people in helping decision making and identify opportunities for financial improvement, and making changes that may also improve service as well as save money.</p> <p>KD recognised the step change in challenge and welcomed a more focused Board session to discuss this in more detail. There will be tough decisions to be made but the Board needed clear oversight of this to help inform the decision-making process. SJ echoed that the Board would need to consider how the Non-Executives can also support with the WRP process.</p> <p>MP recognised that as an organisation we sit within a place, within an ICS, and these discussions are replicated at each of those levels. A 'closing the gap' workstream had been developed to try identifying financial opportunities at place and she recognised the need for the draft plan to link in with this. She also reflected that all acute providers were having these same discussions, the Trust was not an outlier in the challenges faced.</p> <p>The Board noted the update.</p>	
Bo.3.24.11	<p>Capital Programme 2024/25</p> <p>MH introduced the paper and highlighted the following:</p> <ul style="list-style-type: none"> Current funding available for the 2024/25 capital programme is £42.1m (as at March 2024). To fund the ICS capital allocation the Trust will need to use £10.8m of its own internal cash as the allocation is higher than the level of cash generated by the Trust through depreciation. Outstanding Maternity Services (£4.9m), SLH Day Case Unit (£3m) and Endoscopy Transformation Programme (£15.1m) are material 2024/25 capital schemes with risks to deliverability. 	

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	<ul style="list-style-type: none"> It is likely to be challenging to deliver the exact level of spend in the year to match available resources. The current position for 2024/25 suggests little flexibility for new schemes. Planning work is underway to review the capital programme and determine priorities for subsequent years. The key risks were around deliverability, slippages, and financial sustainability. <p>KD reflected that it would be good to have a portfolio of capital decisions made and the rationale for these. MH would provide this in preparation for the well-led review.</p> <p>The Board noted the update and delegated the final approval of the 2024/25 capital programme to the Finance and Performance Academy.</p>	<p>Director of Finance Bo24008</p>
Supporting Reports		
Bo.3.24.12	<p>Integrated Dashboard</p> <p>MP presented the integrated dashboard which provides a single view of quality and performance across the Trust for Board oversight and challenge. She advised that this would be refreshed to include updated metrics and targets and the revised version would be available for the next Board meeting.</p> <p>The Board was assured by the report.</p>	
Bo.3.24.13	<p>Finance Report</p> <p>MH noted the finance report which was taken as read.</p> <p>The Board was assured by the report.</p>	
Bo.3.24.14	<p>Performance Report</p> <p>SA noted the performance report which was taken as read.</p> <p>The Board was assured by the report.</p>	
Section 4c: People		
Bo.3.24.15	<p>Report from the Chair of the People Academy (January & February 2024)</p> <p>KW introduced the report. The following key items from the report were highlighted.</p> <ul style="list-style-type: none"> The Academy had noted that ZA had temporarily stepped into the role as maternity champion to fill the vacancy left by the departure of NED, Jon Prashar. 	

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	<ul style="list-style-type: none"> • At the January meeting the Academy received an update on the Violence Prevention and Reduction Standard, which was introduced in 2021. The Trust is required to assess itself against the standard twice yearly. There are 43 indicators, and the Trust has been non-compliant against the standard for the last two years. 533 incidents were recorded last year. Attendance at the VPR meetings is low. The Academy agreed that more scrutiny and engagement, with one named Executive lead was required and the risk should be escalated to the Board. • The Academy also received an update on the Workforce Civility programme at the January meeting. Civility in the Workplace training has commenced for all staff with an ambition to train everyone over the next 12-18 months, following a successful pilot in the Pharmacy team. • The Outstanding Theatres Programme has ended, but the team have devised a new brand, 'Bradford Theatres – Moving to Outstanding,' and a continuation plan along the lines of the CQC categories of well-led, safe, effective, caring, and responsive. • The updated disciplinary policy and procedure was shared with the Academy in January which was also supported by Amandeep Singh (staff-side representative). The Academy approved the policy. • At the February meeting, RS challenged recruitment to the 16 bed Intensive Care Unit (ICU) where only 7 beds are currently open due to lack of staff. RS and KD are working together on addressing these issues. • The February meeting also included an update on Freedom to Speak Up (FTSU). 31 concerns were raised in Q3, the highest number since reporting began, which could be explained by the release of the Lucy Letby findings and October being Speak Up month. The National Guardian's Office (NGO) has seen an increase in concerns raised nationally. BTHFT is one of 3 organisations chosen by the NGO to participate in a short film about the role of the NED/Trustee in supporting FTSU and KW advised that she had the privilege of representing the Trust in London on 4 March to share her experience of FTSU and the strength of the relationship with the Guardian. • There had been good news in relation to staffing, with average fill rates over the last 3 months having improved to above 80%. Registered Nurse vacancies have reduced from 20.5% in April 23 to 12.6% in December 23, with an aim to reduce below 10% by the end of March 24. The Academy also received a thorough presentation on recruitment at the February meeting. <p>Board was assured by the report.</p>	
Bo.3.24.16	<p>EDI Strategy annual update / Equality, Diversity & Inclusion update (WRES, WDES)</p> <p>KH joined the meeting to provide an annual update on the Trust's approach and progress to EDI, including our future direction, and progress on the EDI Strategy.</p>	

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	<p>KH summarised the approach to EDI in the Trust which included a dedicated and committed EDI team whose role is to facilitate and advance the EDI agenda Trust-wide, including the 5 key strategic objectives identified in our EDI Strategy. There is a strategic equality and diversity council, chaired by the CEO, which helps identify and align workforce and population health inequalities priorities. There is now a wider focus on inclusion and belonging, and an increased focus on engagement and involvement with both communities and workforce. There are regular equality impact assessments which identify impact on the nine protected groups.</p> <p>KH also highlighted the five EDI strategy and objectives for 2023-25:</p> <ul style="list-style-type: none"> • Ensure all our staff are aware of their own and the Trust’s responsibilities for advancing a culture of equality of opportunity and fostering good relations, achieved through targeted training and development, with particular focus on cultural competency. • Build community and staff trust and confidence through effective community engagement and involvement. • Tackle health inequalities and strengthen the system approach to population/place-based health and care management. • Ensure all our staff, contractors, visitors, and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it. • Develop and enhance our approach to recruitment, selection, and promotion to positively attract, retain and support the progression of diverse staff across the Trust. <p>KH referred to the progress made by the EDI team over the last 12 months including continuing to ensure annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submissions with up to date action plans, the launch of the Trust’s first EDI strategy, inclusion of EDI strategy discussions at Executive to CSU meetings, the launch of both the EDI and Workplace Civility training for managers, a review and refresh of the harassment and bullying policy, and the championing of the Health Inequalities agenda.</p> <p>KH highlighted a number of key achievements of the EDI team including:</p> <ul style="list-style-type: none"> • Exceeding the target of an overall workforce representative of the local community, the target was 35% we are at 40% • Nursing Times Workforce Award 2023 “Best Employer for Equality, Diversity & Inclusion” • Significant improvements in our most recent Staff Survey Results for our diverse staff and with improvements overall for Equality & Diversity, Inclusion and Staff Engagement measures • Further raising the profile of Race, Disability, LGBT+ and Gender equality across the Trust: Working with our Staff Equality Networks to celebrate national equality days and religious/cultural festivals. • Establishing Support for Staff aligned to the Workplace Civility agenda 	

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	<p>KH advised that the Equality Delivery System for 2022 (EDS2022) was an accountability and improvement tool for NHS organisations and a contractual requirement. The Trust has received a rating of 'achieving' on the 11 outcome measures across three domains.</p> <p>KH referred to the NHS EDI Improvement plan and the high-impact actions to address the widely known intersectional impacts of discrimination and bias. This would be a key focus for the team over the next 12 months.</p> <p>KH reflected that there had been great progress over the last 12 months, with staff networks now thriving and influencing change at a strategic level. There is a clear focus on tackling health inequalities as an acute hospital and more clarity around role as an anchor organisation. These efforts are reflected in some of the external recognition received, but also in the latest staff survey results.</p> <p>Next steps for the EDI team included proactive work towards improving WRES and WDES performance, continuing to develop the approach to civility and respect in the workplace, a proactive focus on the national EDI plan and the six high impact actions, a renewed approach to 'Root Out Racism', a focus on cultural competence, improved staff experience and retention and a renewed effort to improve gender equality in the Trust. The team would continue to work with local partners and ensure the EDI agenda is aligned to local, regional, and national priorities, and it was hoped that an EDI conference would be held in late 2024 to showcase EDI across the district.</p> <p>SJ thanked KH for his energy and enthusiasm in raising and progressing the profile of the EDI agenda. SJ advised that she would check that EDI objectives are included in the Board objectives.</p> <p>MP referred to the 'Thrive' conference scheduled to take place in September which would focus on the theme of diversity. This may be a showcase opportunity as mentioned by KH.</p> <p>ZA queried if there was a local EDI plan similar to the national EDI plan, and KH confirmed that the EDI strategy objectives align with the national plan. KH further advised that the ICB are also developing an EDI strategy which will have clear alignment with the national plan.</p> <p>LB commented that EDI terminology always changing and contested and queried the difference in the bullying and harassment policy. KH reflected that bullying and harassment is negative language and confrontational hence the intention of shifting away from that to more positive words such as respect and resolution. LB also queried if staff would be confident in the escalation routes if people were feeling bullied or harassed. KH advised that the work around civility training is helping to support this, and the hope is that all staff will receive civility training in the next two years.</p>	<p style="text-align: center;">Chair Bo24009</p>

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	<p>The Board was assured by the update.</p>	
Bo.3.24.17	<p>Staff survey results</p> <p>FL introduced the presentation which provided an overview of the 2023 staff survey results. FL reminded colleagues that the staff survey was conducted during a time of pressure for the Trust during ongoing industrial action and at a time of negative media attention following the resignation of the former Chairman. He cautioned that it was important to consider this context when reviewing the results.</p> <p>FL highlighted that the results demonstrate the Trust is achieving above the national average on almost all metrics which was extremely positive particularly given the context previously mentioned. There are two areas lacking in comparison to the national average, around support for work/life balance and work pressures.</p> <p>In relation to WRES, there were two areas which have seen improvement compared to previous years, in relation to experience of bullying and harassment from staff and equal opportunities for career progression or promotion.</p> <p>The strong results reflected the ongoing culture work across the Trust, and SJ thanked FL for his leadership throughout this challenging period.</p> <p>KW highlighted increased year on year performance against all dimensions but recognised the need to continue to encourage staff to respond as the response rate is still low. As FTSU Champion, KW reflected there could still be a lack of confidence around people feeling that if they speak up, there will be a follow up process and so this still needed to be addressed.</p> <p>ZA noted that it is still worrying that twice as many ethnic minority staff experience discrimination in comparison to white staff and this still required significant focus. FL recognised this would be an area for improvement in the action plan which is scheduled to be presented to the People Academy for approval and shared with the Board for information.</p> <p>KW suggested that there be a breakdown of demographics of those who completed the survey. FL would look to obtain this information to share with colleagues alongside the action plan.</p> <p>The Board was assured by the report.</p>	<p>Interim Director of HR Bo24010</p>
Bo.3.24.18	<p>Looking after our people</p> <p>FL advised of a new initiative introduced for bank staff, whereby they can access 50% of bank shift pay immediately (InstantPay). This adds another financial product offer which would be welcomed in the current cost of living crisis.</p>	

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	The Board noted the update.	
Section 4d: Quality and Patient Safety		
Bo.3.24.19	<p>Report from the Chair of the Quality and Patient Safety Academy (January & February 2024)</p> <p>LB introduced the report and drew particular attention to the following items:</p> <ul style="list-style-type: none"> • The pressures on Midwifery and Neonatal services in the last two weeks that have created further unit diverts. Staff feel ‘burnt out’ and report low morale. Similar pressures are being experienced nationally and a national maternity review has been recommended. • In relation to perinatal deaths, one surveillance case missed the one-month completion deadline due to an IT issue. EMBRRACE who perform external review of cases and NHS Resolution have been notified. NHS Resolution asked that this be reported to the Board, and advised this will be taken into consideration with regard to full compliance and that the mitigation being undertaken provides assurance. • The Academy received the palliative care annual report and noted that the team has expanded and now provides seven-day cover, however it does not cover community hospitals. This is included on the Risk Register as NHS England issued an adult service specification in January 2023 stipulating face-to-face assessment should be available for palliative care in all areas. A business case is under discussion to provide resource to support and develop the work within the intermediate care unit. • In January there were 2 stillbirths. The Academy was advised that both were reviewed by an MDT(multi-disciplinary team). There was no learning identified which could have led to a different outcome in either case. • The Academy received the patient experience six-monthly report. A question was raised as to potential bias in groups being chosen for Patient Stories and the need for inclusive selection criteria. It was agreed that a review the SOP for patient stories would be undertaken along with an Equality Impact Assessment. • The Infection Prevention and Control (IPC) Quarterly report in January indicated that the Trust was compliant in 51 out of 54 standards of the IPC Board Assurance Framework and partially compliant for the remaining three. • Following the February meeting, the Academy wishes to alert the Board to risk 3309 - ‘delays in processing of histopathology samples’. A specific histopathology risk relating to gynaecology score had been reduced to 12, however it was agreed that a reassessment be undertaken as there was a view from the Academy that it should remain at 16. If, following the reassessment, it is deemed to be rated 12, the Academy noted that it would not be included in future reports to Executives or Academies, as it would be managed locally. 	

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	<ul style="list-style-type: none"> • A comprehensive presentation was received in relation to the NHS Trust Mortuary Independent Inquiry. The inspection undertaken by the Human Tissue Authority (HTA) in 2023 found that the Trust was meeting the majority of HTA standards, with two major and one minor shortfall regarding consent training and fridge capacity. Work is ongoing work to rectify the shortfalls. • A report was received on the latest round of ward visits for the '15 steps' assurance programme. The structure of each visit is aligned to the CQC standards and regulations. LB has put her name forward as a NED volunteer for the programme and encouraged other NEDs to do the same. <p>MP referred to the 'Reach In, Reach Out' initiative being rolled out more widely across the organisation. She advised that she would be recommending that it uses the 15 steps approach to provide a structure to the programme.</p> <p>The Board was assured by the report.</p>	
<p>Bo.3.24.20</p>	<p>Maternity and Neonatal Services Update</p> <p>KD introduced SH, SW, and AA whom she had asked to join the meeting to provide an update on maternity and neonatal services.</p> <p>AA provided an overview of the report in relation to the Commissioning Quality Assurance Review visit to the Neonatal Unit.</p> <p>AA and colleagues met with various staff on the unit, and there was clear safety culture demonstrated with good response to incidents with clear processes to follow. The department also had processes in place to act on previous learning. The staff were enthusiastic about their care, and happy to share the good practice they were doing within the unit, such as induction programme for new staff joining the unit. The unit was clean, tidy, and welcoming, with clear evidence of complying with infection control procedures.</p> <p>Following the visit there were three areas for improvement, all of which the Trust were already addressing, these are:</p> <ul style="list-style-type: none"> • To continue with plans to implement Electronic Patient Records (EPR) to enhance communication, joined up service delivery and avoidance of duplication. • To continue with plans to their parent accommodation to improve patient and family experience. • It was acknowledged that there is a process in place for rapid safety and safeguarding escalations into the Executive Board, including the Consultant Neonatologist/Head of Department presenting at Board to represent the overarching view of the department. It was recommended that the Consultant Neonatologist lead/Head of Department continue to attend the Executive Board to directly present a regular report on behalf of the department. 	

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	<p>SH gave a more detailed update on stillbirths, highlighting the reduction in the 2023 stillbirth rate to 27 from 32. National data collection is taken from Perinatal Mortality Review Tool (PMRT) who use date of birth as opposed to the date that the death is confirmed. This means there will be a small variance in the eventual published number due to the inclusion of 3 non-viable babies whose deaths occurred before 24 weeks, but who were born after 24 weeks.</p> <p>MP referred to the outcomes of the Quality Improvement Group (QIG) as part of her Chief Executive Update earlier in the agenda and she thanked SW and SH for their commitment and support in attending these meetings and helping to assure the QIG.</p> <p>The Board was assured by the update and approved the recommendations as detailed in the paper.</p>	
Section 4e: Audit & Assurance		
Bo.3.24.21	<p>Report from the Chair of the Audit Committee (February 2024)</p> <p>BM introduced the report which was taken as read however he asked the Board to note the importance of following up on Internal Audit Recommendations. The Audit Committee had also discussed the process of signing off completion of agreed internal audit actions and the extent of assurance that the Committee, on behalf of the Board could take. BM advised that the Committee could not, based on the discussion in the meeting, take full assurance from the current process. After the meeting, Committee members discussed their concerns about the evidencing of the current process and a lack of clarity of the roles of management and internal audit in evidencing completion of actions. The Director of Finance and Internal Audit manager have been asked to clarify the process and the assurances that can be taken at the next meeting of the Audit Committee.</p> <p>The Board was assured by the report.</p>	
Bo.3.24.22	<p>Report from the Chair of the Charitable Funds Committee (March 2024)</p> <p>SJ introduced the report, which was taken as read, recognising the bulk of the meeting focused on the Bradford Hospitals Charity – Case for Change which would be discussed further by the Board as a separate agenda item. She also noted that the annual report and accounts were approved by the Committee and subsequently the Board in early January (via email).</p> <p>SA highlighted the Neonatal Unit (NNU) Parental Accommodation business case. The Committee was unanimously supportive of the business case which covered the provision of living accommodation for parents with babies on the NNU. The proposal was for the creation of five rooms in purpose-built accommodation on the BRI site. Provision of this accommodation would help to alleviate</p>	

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	<p>additional financial burdens on parents, help address health inequalities and, bring the Trust in line with practice in place nationally. Initial funding plans had been reviewed and were now down to £3m which makes for a more manageable fundraising campaign, with the ability to develop a more defined and realistic strategy for potential funders. This also provides the opportunity to access £1.5m from the Sick Children's Trust.</p> <p>The Board was assured by the report.</p>	
Section 5: Governance		
Bo.3.24.23	<p>Bradford Hospitals Charity – Case for Independence</p> <p>SA introduced SM and MQ who had been invited to the meeting to present the Bradford Hospitals Charity – Case for Independence. The paper shared with colleagues puts forward an outline Business Case for the consideration to transfer Bradford Hospitals Charity from its current corporate trustee model to an Independent Charity, launching in April 2025. The case provided an in-depth overview of the risks and benefits of each option.</p> <p>The key non-financial benefits of independence were:</p> <ul style="list-style-type: none"> • Autonomy: to focus solely on the needs of the beneficiaries and to be released from Department of Health oversight/authority • Governance: work to a legal framework aligned to the Charity Commission, supported by an independent Board of Trustees • Fundraising: access to a wider range of funding streams and fundraising activities. • Workforce: agile and fit for purpose for fundraising activities, not bound to Agenda for Change; market-aligned terms and conditions. • Agile and focussed: being released from the demands of hospital operations/performance provides the ability to adapt quickly to charitable needs. <p>SM had worked with financial colleagues to draft up a base model financial summary and it was suggested that by 2025/26, moving to an independent model would begin to see a greater return on investment.</p> <p>If the Board were to approve the case for independence, the next steps would include development of a project plan with a timeframe of 9-12 months for transfer, commencement of the recruitment for Chair and Trustees, agree key objectives and principles with the Trust Executives, undertake all due diligence processes and hold monthly progress review meetings with key senior colleagues to assess progress and discuss any risks/concerns. The potential date for go live would be 1 April 2025.</p> <p>SJ has previously worked with an independent charity and could clearly see the difference it made. However, it was important to</p>	

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	<p>ensure continuous strategic alignment of the Trust and the Charity, and all would need to be committed to getting this right.</p> <p>FL queried how the Board would be assured of good governance around employment of staff should the move to independence be supported. SM confirmed there are external companies that can be used that can ensure the HR perspective is managed legally and appropriately and these would be used for recruitment purposes. There would also be an intent to have a trustee with a HR background on the Board for additional assurance.</p> <p>KD recognised the investments into long term investments and if this would transfer over if the Charity moved to independence. MQ confirmed investments could be transferred.</p> <p>ZA sought clarity on the number of independent charities already working in Trusts and SM advised that there were 30.</p> <p>Based on both the financial and non-financial benefits described above and the recognition of risks and commitment to their mitigation, the Board approved the conversion of Bradford Hospitals Charity to an independent charity.</p>	
Bo.3.24.24	<p>Fit and Proper Person Test</p> <p>LP introduced the paper which provided an update in relation to the Fit and Proper Person Framework and associated guidance which has been published recently.</p> <p>LP highlighted the requirement to fully implement the Framework by 31 March 2024, and checks for each Board member must be completed and sent to the NHSE Regional Director by June 2024. The checks are currently in progress, and Board members have been contacted to provide any required information and complete any outstanding training. Our submission will be made by the deadline of June 2024.</p> <p>LP further highlighted that on 28 February 2024, NHS England published the Leadership Competency Framework (LCF) for board members and a revised chair appraisal framework, incorporating the new competencies. The Board is asked to note that NHSE plans to introduce many coordinated initiatives aimed at improving support for NHS managers, seeking to address the recommendations from several reviews into NHS leadership and culture. It intends to publish its three year 'roadmap' setting out details of this work shortly.</p> <p>The Board noted the update.</p>	
Section 6: Board Meeting Outcomes		
Bo.3.24.25	<p>Any Other Business</p> <p>No other business was discussed.</p>	

No.	Agenda Item	Action
Bo.3.24.26	Issues to Refer to Board Committees/Academies or Elsewhere LP advised she would arrange the dedicated Board session on the financial plan to take place in April, and that the Operational and Financial Plan would be referred to the Finance and Performance Academy for approval on behalf of the Board.	Associate Director of Corporate Governance / Board Secretary Bo24011
Bo.3.24.27	Review of Meeting SJ welcomed any feedback from Board colleagues on the structure of the meeting including the agenda and the structure, and the ability to contribute.	
Bo.3.24.28	Date and Time of Next Meeting 9 May 2024 – 09:30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 14 March 2024

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	May 2024	Added to Board Development planner – date to be confirmed. It was agreed to keep this open on the log until a date is confirmed.
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	May 2024	Update to be presented to QPSA in April 2024, followed by an update to the Board in May 2024. Update included on the May Board agenda under matters arising. <u>Action completed.</u>
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	May 2024	Item to be discussed at People Academy on 24 April 2024 . This was discussed as proposed at the Academy. <u>Action completed.</u>
Bo24006	Bo.3.24.2	Declarations of Interest: It was agreed that future versions of the declarations of interest report would include highlights of any changes since the previous version.	Associate Director of Corporate Governance and Board Secretary	May 2024	Any changes will be highlighted on the register of interests. <u>Action completed.</u>
Bo24007	Bo.3.24.8	Board Assurance Framework and High-Level Risks: It was agreed that future iterations of the report would include a trend analysis of whether the number of risks past their review date had increased or decreased in comparison to the previous report.	Associate Director of Corporate Governance and Board Secretary	May 2024	Trend analysis added to the ‘risks on a page’ appendix. <u>Action completed.</u>

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo24008	Bo.3.24.11	Capital Programme 2024/25: KD reflected that it would be good to have a portfolio of capital decisions made and the rationale for these. MH would provide this in preparation for the well-led review.	Director of Finance	May 2024	Information provided as part of preparation for the well led review. <u>Action completed.</u>
Bo24009	Bo.3.24.16	EDI Strategy annual update / Equality, Diversity & Inclusion update (WRES, WDES): SJ would check that EDI objectives are included in the Board objectives and include these if not.	Chair	May 2024	NED objectives to be reviewed and agreed during May 2024.
Bo24011	Bo.3.24.26	Issues to Refer to Board Committees/Academies or Elsewhere: LP advised she would arrange the dedicated Board session on the financial plan to take place in April	Associate Director of Corporate Governance and Board Secretary	May 2024	Session took place on 18 April 2024. <u>Action completed.</u>
Bo24010	Bo.3.24.17	Staff Survey Results: FL would bring the action plan to the People Academy for approval and then share with the Board for information.	Chief People & Purpose Officer	July 2024	The draft Staff Survey Action Plan was presented and discussed at the People Academy on 24 April 2024 and wider engagement is in progress. To be presented to the Board in July 2024.
Bo24004	Bo.1.24.16	Performance Report: A further stroke update would be brought to the Board in 6 month's detailing progress made, and improvements seen as a result of opening the ward 9 beds.	Chief Medical Officer	July 2024	
Bo230017	Bo.11.23.7	Corporate Strategy: JL requested that a key be added to the document, and it was confirmed that this would be included in future updates.	Director of Strategy and Transformation	November 2024	