

Board of Directors Meeting in Public
On Thursday 12 May 2022 at 9:00am
Virtual meeting held on Microsoft Teams

Present:	Carole Panteli Maz Ahmed Bob Champion Andrew Chang Paul Hogg Phil Hubbard Simon Lewis Iain MacBeath Alyson McGregor, MBE Tafadzwa Mugwagwa Therese Patten Claire Risdon Tim Rycroft Dr David Sims	Interim Chair of the Trust (Chair of the Board) Non-Executive Director Non-Executive Director Interim Director of Human Resources and Organisational Development Non-Executive Director and Interim Deputy Chair of the Trust Director of Corporate Affairs Director of Nursing, Professions & Care Standards Non-Executive Director Director of Integration Non-Executive Director Interim Chief Operating Officer Chief Executive Deputy Director of Finance Chief Information Officer Medical Director
In Attendance:	Chris Dixon Bo Escritt Suzanne Hala Emma Holmes Rachel Howitt Catherine Jowitt Darryll Monroe Helen Robinson Alex Shaw Isla Skinner	Head of Nursing for Mental Health (for agenda item 12) Head of Equality, Diversion and Inclusion (for agenda item 17) Senior Involvement Officer (for agenda item 16.1) Senior Patient Experience Involvement and Inclusion Officer (for agenda item 16.1) Head of Patient Safety, Compliance and Risk (for agenda item 16.1) Head of Charity and Voluntary Services (for agenda items 1-15) Rainbow Alliance Chair (for agenda item 15) Corporate Governance Manager and Deputy Trust Secretary (Committee Secretariat) Community Psychiatric Nurse (for agenda item 16.1) Head of Patient & Carer Experience and Involvement (for agenda item 16.1)

Observers: Dr Bev Fearnley Deputy Director of Patient Safety, Compliance & Risk; TWICS Programme Director

Apologies: Mark Rawcliffe Non-Executive Director
Mike Woodhead Director of Finance, Contracting and Estates

In addition, one Staff Governor was observing, together with two members of the public and the service user presenting agenda item 16.

MINUTES

Item	Discussion	Action
1732	<p>Welcome and Apologies for Absence (agenda item 1)</p> <p>The Interim Chair, Carole Panteli, opened the virtual meeting via Microsoft Teams at 9.00am. Apologies for absence had been received from Mark Rawcliffe (Non-Executive Director), and Mike Woodhead (Director of Finance, Contracting and Estates).</p> <p>The Board of Directors was quorate.</p>	
1733	<p>Declarations of Interest (agenda item 2)</p> <p>No declarations of interest were made for this meeting.</p>	
1734	<p>Questions Received (agenda item 3)</p> <p>No questions for the Board had been received since the last Board meeting.</p>	
1735	<p>Minutes of the previous private Board meeting held on 10 March 2022 (agenda item 4)</p> <p>The minutes of the private Board of Directors' meeting held on 10 March 2022 were agreed as a true and accurate record.</p>	
1736	<p>Matters Arising (agenda item 5)</p> <p>There were no matters arising.</p>	
1737	<p>Action Log (agenda item 6)</p> <p>The Director of Corporate Affairs updated the Board on the action log. In relation to Action 08/07/21-4, Health Inequalities Academy, the Chief Executive informed the Board that due to the amount of business on the agenda this item had been deferred by the Trust and would be presented to either the July or September Public Board meeting.</p>	

Item	Discussion	Action
	<p>For action 13/05/21-4, the Chief Executive stated that a similar piece of work to that undertaken in relation to the elective backlog would be carried out for Mental Health and community services for West Yorkshire. It was agreed that this action would be closed and updates brought back when the work was complete.</p> <p>The Medical Director confirmed that in relation to action 13/01/22-2, Red Kite View, the unit was now open and patients from W Yorkshire were being admitted. The Psychiatric Intensive Care beds were also now open. Although early days, length of stay already appear to be shorter due to better connectivity with community teams. It was agreed that this action could be closed.</p> <p>Mr Hogg stated that a meeting would be scheduled in relation to action 10/03/22-1, the tracking of Go See actions, and an update would be brought to the next Board</p> <p>The Board noted the contents of the action log and agreed to close the actions that had been listed as completed.</p>	
<p>1738</p>	<p>Chair's Report (agenda item 7)</p> <p>Mrs Panteli presented her Chair's report, which covered a variety of topics including:</p> <ul style="list-style-type: none"> • The Trust continued to be an active member of the Bradford & Craven Integrated Care partnership (ICP) and the West Yorkshire & Harrogate Integrated Care system (ICS). The Partnership was now running in shadow form and the first meeting of the Place Partnership Board had taken place. • Recruitment was underway to appoint an Independent Chair for the BD&C partnership. • No announcement had been made yet regarding the Lynfield Mount Capital Plan. • The Governor elections for public Governor positions was now moving to the ballot stage for 3 of the seats, with one seat having been uncontested and vacancies remaining for Bradford South and the Rest of England. The election results would be announced on 7 June 2022. • The new Chair would review the revised Non-Executive Committee membership and Board Champion roles once in post. <p>The Board:</p> <ul style="list-style-type: none"> • Noted the Board's continued strategic development work on system working and responding to the health and care integrated care agenda, against our Better Lives, Together 2019 – 2023 strategy; 	

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	<ul style="list-style-type: none"> • Noted the Trust’s external work at a senior level in system working and integrated care, leading up to key system milestones by July 22; • Noted the recruitment process for a substantive Chair had commenced, with interviews on 6 June and an extraordinary Council of Governors on 7 June to seek approval for the appointment; • Noted that the revised Non-Executive committee membership and Board champion roles had been approved and were up and running; • Noted engagement with and developments for the Trust’s Council of Governors; and • Noted continued engagement with staff and services for Board visibility via virtual methods and gradual move towards face to face Go see visits subject to Infection prevention guidance. 	
1739	<p>Chief Executive’s Report and COVID-19 Update (agenda item 8)</p> <p>The Chief Executive presented a brief paper to provide an overview of significant issues that had occurred during the month for Board to note and discuss, including the following:</p> <ul style="list-style-type: none"> • The Trust’s commitment to the NHS Smokefree Pledge • The Virtually CLEAR conference which would be taking place in June 2022 • Considerable work was underway on the place arrangements from 1 July 2022, and Bradford District & Craven system committees would be led by Non-Executive Directors drawn from the three provider Trusts, acting however in an independent capacity. <p>COVID-19 Update</p> <p>The Director of Nursing, Professions & Care Standards provided an update on the Trust’s response to the pandemic which included the following information:</p> <ul style="list-style-type: none"> • No outbreaks or cases had been reported within inpatient wards • Staff testing was reducing along with COVID related sickness and absence • PPE guidance had changed on 3 May 2022 • Changes had started to improve patient flow • The Standard Operating Procedure had been revised following a CQC challenge around the management of leave. 	

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	<p>Mr Chang, Non-Executive Director queried whether the Trust's policy on visitors had changed, and Mrs Hubbard confirmed that the Trust was returning to the normal visiting routine.</p> <p>Mr Lewis, Non-Executive Director asked whether the Trust had the right technology in place to manage hybrid meetings. The Chief Information Officer stated that there was some budget available and plans developing for implementing this on Level 2 at New Mill, and then further roll out would take place. The Medical Director added that the Trust would need to work with its partners on this, especially around clinical meetings. It was agreed that the Chief Information Officer would bring an update on options for hybrid technology to the July meeting.</p> <p>Further to this, discussions were taking place at Silver command and with Infection Prevention and Control regarding hybrid working for staff. Risk assessments would be needed for individuals and remote access to continue to be permissible. Ms McGregor, Non-Executive Director stressed that efficiency gains from virtual working should not be overlooked, and it was acknowledged that a balance would be needed as some staff were keen to return to face to face working and others more reluctant.</p> <p>It was agreed that a Smarter Working Programme Update would be brought back to the June Private Board meeting.</p> <p>The Board noted the Chief Executive's report, including the update on the Trust's response to COVID-19.</p>	<p>Tim Rycroft</p> <p>Bob Champion</p>
<p>1740</p>	<p>Board Assurance Framework (BAF) & Supporting Organisational Risk Register (ORR) (agenda item 9)</p> <p>The Director of Nursing, Professions and Care Standards presented a paper which provided the BAF status as at April 2022, including any significant amendments/updates. A Board Development session had been held in April 2022 to consider and refresh the strategic objectives for 2022/23.</p> <p>Mrs Hubbard also highlighted that the BAF had been in its current format for a year, and it had worked well during that time, although further refinements would continue to be made.</p> <p>The Deputy Director of Patient Safety, Compliance & Risk; TWICS Programme Director stated that the revised strategic objectives would be signed off over the next few weeks, with a number of ambitions sitting under each objective and separate risks attached to each. The Board's sub-committees would continue to have delegated responsibilities for their strategic objectives. The revised version of the BAF would be received at the Private Board meeting in June 2022.</p>	

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	<p>Mrs Panteli agreed that the BAF had significantly improved and was front and centre to the business of the Board. Mrs Panteli asked whether the Clinical Board was sighted on the importance of professional curiosity. Dr Sims confirmed that it was and advised that all staff should consider the person as a whole and ensure that holistic care was provided to patients. Ms McGregor asked how this fitted with personalised care, and Dr Sims responded that this was part of the shared decision making framework. The Chief Pharmacist, Jaspreet Sohal was reported to be leading a working group on this on behalf of the Clinical Board and the Board would be kept updated.</p> <p>With regards to the Organisational Risk Register, Mrs Hubbard reported that she had reviewed the system to ensure the Trust was in date with risk reviews.</p> <p>Mrs Hubbard drew the Board’s attention to the two highest scoring risks in the report. Risk 2509 related to community nursing services exceeding capacity, and Mrs Hubbard stated that considerable work was ongoing around recruitment and retention of staff, including consideration of trainee apprenticeship schemes. The Interim Chief Operating Officer added that the Trust was looking at building the community workforce for the future to meet the needs of patients. This would be overseen by the Workforce and Equality Committee, but Ms McGregor stressed that the impact on patients needed to be more widely monitored.</p> <p>The score for Risk 2046 had also increased and related to two information governance incidents which had been logged with the Information Commissioner’s Office. The Chief Information Officer stated that an increase in reporting in this area was seen as positive, however the Trust continued to promote Information Governance mandatory training and had also recently written to clinical staff in order to remind them of their responsibility in terms of record keeping. Electronic patient communication would also reduce the risk over time.</p> <p>The Board of Directors:</p> <ul style="list-style-type: none"> • Noted the progress made in implementing the BAF process • Noted the mitigations and controls in place to manage the risks associated with the Strategic Objectives described within the BAF • Supported the work to develop the Strategic Objectives for progressing in 2022/23. 	
<p>1741</p>	<p>Alert, Advise, Assure Report: Mental Health Legislation Committee held on 24 March 2022 (agenda item 10)</p> <p>On behalf of the Committee, Mr Lewis presented the AAA report from the meeting held on 24 March 2022. He reported that there was one item to escalate regarding an incident of prone restraint, but that the Committee had been assured by the explanation and evidence provided.</p>	

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	<p>Mr Lewis then highlighted the advisory and assurance points on the report.</p> <p>The Board noted the update.</p>	
<p>1742</p>	<p>Alert, Advise, Assure Report: Quality and Safety Committees held on 17 March and 21 April 2022 (agenda item 11)</p> <p>On behalf of the Committee, Ms McGregor presented the AAA report from the meeting held on 17 March 2022. She escalated the item for alert around the concern of there being insufficient staff within Mental Health services to manage clinical environments and keep them safe. It was noted that Trust leaders were aware and a range of interventions were in situ. These interventions had been reported to a subsequent QSC meeting.</p> <p>Ms McGregor also highlighted the issue of long term staff sickness due to Long Covid, which had been raised by the Mental Health Care Group as an area of concern although staff were being encouraged to access the Long Covid service run by the Trust. Other matters were the reduction in the numbers of Health Visitors and the associated staffing challenges in School Nursing.</p> <p>The Chief Executive requested an update on the Model-3 roster, which had the potential to resolve the inpatient staffing issues if implemented successfully. Mrs Hubbard confirmed that the roster would be discussed at the Quality and Safety and Workforce and Equality Committees, and would dovetail with the system-wide review of the Trust's workforce.</p> <p>Ms McGregor went on to present the AAA report from the meeting held on 21 April 2022. Workforce issues had also been a recurring theme in that meeting, along with the impact on waiting lists.</p> <p>Mrs Hubbard then provided a brief update on the Wakefield 0-19 service, stating that conversations were ongoing with Public Health Commissioners in relation to the transition of the service. Once the new provider had been announced discussions would commence regarding joint recruitment plans and the safe transfer of staff. The Trust had been clear in its commitment to maintain services to ensure the safety of children and families however flagged to commissioners the increasing risk as staff decided to leave the Wakefield 0-19 service and seek employment elsewhere.</p> <p>The Board noted the updates.</p>	
<p>1743</p>	<p>Proposed Changes to Quality and Safety Committee Terms of Reference (agenda item 11.1)</p> <p>The Board ratified the proposed changes to the Quality and Safety Committee Terms of Reference.</p>	

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<p>1744</p>	<p>West Yorkshire Suicide Prevention Strategy 2022-2027 (agenda item 12)</p> <p>The Medical Director introduced the strategy, stating that although it was based on the national perspective it also informed both Bradford's and the Trust's suicide prevention strategies.</p> <p>Mr Ahmed asked whether the strategy included the increased risk among BAME communities, and Dr Sims stated that although nationally there was not a particular focus on this, it was being reflected upon locally with the work being undertaken at Place.</p> <p>Mr Ahmed also enquired whether the 10% reduction over a five-year period was sufficiently ambitious, and although it was practical and in line with long term trends, Dr Sims agreed that overall the aim was for there to be no suicides. The Head of Nursing for Mental Health added that the strategy highlighted a reduction of 75% in targeted areas using local data. Following further discussion, including an acknowledgement that social and environmental factors had led to an increase in suicide rates over recent years, it was agreed that the 10% target should be challenged at place level and Dr Sims agreed to feed this back.</p> <p>Ms McGregor welcomed the strategy's core principles and asked what level of co-production would take place. Mr Dixon replied that the strategy included participation with the local suicide reduction strategy network and added that the Trust was looking to integrate peer support workers within the workforce and utilising lived experience through links to local networks. The Director of Corporate Affairs stated that employing peer support workers was a positive and exciting opportunity, and requested that the number should be monitored and measured in order to ensure it was effective. He also urged for involvement leads to be included in this work in addition to clinical leads.</p> <p>The Board noted the Strategy and thanked all involved in this area of work.</p>	<p>David Sims</p>
<p>1745</p>	<p>Integrated Performance Report (agenda item 13)</p> <p>The Deputy Director of Finance presented the report and summarised the areas in which the Trust continued to perform well.</p> <p>An encouraging increase in recruitment rates had been noted, however sickness and labour turnover rates continued to be above target. It was envisaged that the recruitment and retention strategy would address this. This would be monitored by the Workforce and Equality Committee.</p> <p>Ms Risdon highlighted that the COVID-19 pandemic had exacerbated waiting lists and waiting times for some community health services and mental health services. Forward trajectories had been agreed as part of the 2022/23</p>	

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	<p>operational plan.</p> <p>The Trust had met the waiting times target for the Improving Access to Psychological Therapies (IAPT) service, but the level of need was more complex and this was having an impact on targets. Waiting time targets for Speech and Language Therapy and Continence services had not been achieved and the skill mix of the workforce was being considered in these difficult to recruit to services.</p> <p>A downward trajectory was reported in relation to Out of Area placements, helped by the mobilisation of six new crisis beds commissioned by Bradford District Place from September 2022. Mrs Hubbard added that the Trust was working towards reducing the number of out of area placements, improve quality and repatriate service users.</p> <p>It was also noted that there had been an increase in the number of complaints and concerns raised in relation to waiting lists, and a piece of work was being undertaken regarding supporting and reviewing individuals on waiting lists, escalating cases where there were priority needs where necessary.</p> <p>Following a question from Mr Ahmed, Ms Risdon confirmed that the trajectories were triangulated and would be aligned to the assumptions in the financial plan.</p> <p>The Board:</p> <ul style="list-style-type: none"> • considered the key points and exceptions highlighted for March 2022 and noted the proposed actions; and • considered further attention via supporting Board Committee structures. 	
<p>1746</p>	<p>Staff Survey Results (agenda item 14)</p> <p>The Interim Director of Human Resources and Operational Development provided a verbal update on the Staff Survey results. He advised that the service level heatmaps identifying key priorities had unfortunately been delayed by the survey provider.</p> <p>On a positive note, the Trust had been acknowledged as having the third highest staff engagement improvement across the country, with a 0.1% increase on the previous year. Mr Champion stated that the Trust would be working with NHS Employers to identify and articulate this improvement further.</p> <p>The Trust was now working through the anonymous free text, and this would be interpreted and presented to the Workforce and Equality Committee.</p> <p>The Board noted the verbal update.</p>	

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1747	<p>Rainbow Badge Annual Report (agenda item 15)</p> <p>The Rainbow Alliance Chair informed the Board that over 800 members of Trust staff had received the training during 2021/22. Following the training being taken out to teams, it had been found that fewer people were taking up the badge via making a pledge.</p> <p>During 2021/22 the Trust had been involved in Phase 2 of the badge with the Trust scoring bronze, reflecting how much work still needed to be done.</p> <p>Mr Monroe expressed some frustration that conversations at corporate level did not always translate into action. He also added that there was no formal administrative support for the badge, and although the Trust had committed Rainbow Badge champions, there was no capacity to assess the efficacy of the training.</p> <p>Mr Chang, Non-Executive Director asked what more the Board could do in relation to promoting the badge and the Rainbow Alliance Network, and it was suggested that the Trust should have a visible presence at the 2022 Pride events. Mr Champion added that the Human Resources team were currently working on a revised Trust induction programme which would include all staff networks being showcased.</p> <p>The Board noted the verbal update.</p>	
1748	<p>Learning from your Stories: Helen's Story (Making a complaint) (agenda item 16.1)</p> <p>With support from the Patient and Carer Experience and Involvement Team, Helen, a service user, shared her personal experience of raising a complaint with the Trust. She raised several concerns including the impersonal language used in the initial response letter, the impact of the delay in receiving therapy, the lack of communication around timescales and extensions whilst investigating her complaint, and she also questioned the independence of the Trust's complaints investigator.</p> <p>Following resolution of her complaint Helen advised that she was now acting as an Involvement Partner on the Patient Advice and Complaints (PAC) case review panels.</p> <p>The Board noted the following points:</p> <ul style="list-style-type: none"> - The importance of communication at each step of the process. - How re-traumatisation can be caused by the complaints process. - That it was positive that Helen was using her experience in a positive way, and she was now perfectly placed to make a positive impact. - The Trust needed to build on how it managed and supported individuals making complaints. 	

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	<ul style="list-style-type: none"> - The need to pay more attention to the impact on people rather than just following a process or target date. - Advocacy was procedural and did not offer psychological support to the complainant. <p>The Chief Executive thanked Helen for sharing her experience and stated that she was grateful that the Trust would now benefit from Helen's assistance. Going forwards Ms Patten stated that Helen's story and the impact on patients would resonate each time she signed off complaint letters.</p> <p>The Head of Patient Safety, Compliance and Risk echoed how powerful it had been to hear Helen's experience and assured the Board that the PAC team had undergone considerable development as experiences such as that described were unacceptable. It was agreed that a report on the gaps in the PACS Ombudsman standards would be brought to a future Board meeting. The PACs service looked forward to engaging with Helen on further developments.</p> <p>The Head of Patient & Carer Experience and Involvement stated that conversations had begun regarding the lack of psychological support for service users when following the complaints process. Consideration was being given to having someone within the PACs team trained to deliver psychological support around complaints and serious incidents or having an external arrangement for this.</p> <p>Mrs Panteli apologised to Helen on behalf of the Trust and stated that the Board would keep a high level of scrutiny on this area.</p> <p>The Board thanked all involved for presenting this story, noted the personal experiences highlighted and concluded that the Trust would benefit from Helen's future contribution.</p>	<p>Phil Hubbard</p>
<p>1749</p>	<p>Recent Board Service Visits (agenda item 16.2)</p> <p>Mrs Panteli drew attention to the slides which summarised the Go See Visits held following the April 2022 Board Meeting.</p> <p>The Board noted the visits highlighted to ensure Board visibility and engagement with services and staff.</p>	
<p>1750</p>	<p>Belonging and Inclusion Plan (agenda item 17)</p> <p>The Head of Equality, Diversion and Inclusion presented an update on the first six-month implementation of the BDCFT Belonging and Inclusion Plan since its launch in October 2021.</p>	

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	<p>Mr Lewis praised the team for taking an innovative approach to improving engagement with staff. He noted how EDI went beyond the 9 characteristics outlined in the Equality Act and agreed that it was everybody's business. He fully supported the concept of having EDI influencers across the organisation.</p> <p>The Chief Executive thanked Ms Escrit for the update and the work undertaken to date, and stated that with good use of existing resources, people-centred policies, proper communication and being compassionate, the Trust would be closer to achieving its ambition.</p> <p>Mr Ahmed requested that future progress updates include data on the impact of the plan. He also asked when data regarding the pay gap on ethnicity could be shared. Following attendance at a recent event led by Bradford Teaching Hospitals NHS Foundation Trust, he asked whether local Asian businesses could support managers via demonstrating positive role models.</p> <p>It was noted that the Belonging and Inclusion Plan would continue to report through to the Workforce and Equality Committee.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the progress made against the plan; and • Actively supported the delivery of the Belonging and Inclusion Plan vision and aims. 	
1751	<p>Alert, Advise, Assure Report: Finance, Business and Investment Committee held on 24 March 2022 (agenda item 18)</p> <p>On behalf of the Committee, Mr Ahmed presented the AAA report from the meeting held on 24 March 2022. He reported that there were no items to escalate but highlighted the following points under the advise section:</p> <ul style="list-style-type: none"> - Normal contracting arrangements would apply for 2022/23 - The draft system revenue financial plan for 2022/23 was currently a planned deficit of £121.5m against a statutory requirement to breakeven. <p>The Board noted the update.</p>	
1752	<p>Alert, Advise, Assure Report: Charitable Funds Committee held on 28 April 2022 (agenda item 19)</p> <p>On behalf of the Committee, the Director of Corporate Affairs presented the AAA report from the meeting held on 28 April 2022. He reported that there were no items to escalate, but stated that £102,285 had been raised against a target of £145,000 with some final transactions to be included once the accounts had been completed.</p>	

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	<p>He added that two Standard Operating Procedures relating to fundraising and external grants had been approved by the Committee.</p> <p>The Board noted the update.</p>	
1753	<p>Alert, Advise, Assure Report: Audit Committee held on 7 April 2022 (agenda item 20)</p> <p>On behalf of the Committee, Mr Chang presented the AAA report from the meeting held on 7 April 2022. He reported that there were no items to escalate but highlighted for assurance the reports on six internal audits, of which five had been rated Significant Assurance and one High Assurance.</p> <p>The Board noted the update.</p>	
1754	<p>Finance Report (agenda item 21)</p> <p>The Deputy Director of Finance provided an overview on the financial performance for both the Trust and the ICS.</p> <p>Ms Risdon highlighted that the year-end surplus had been reported as £1.365m. The cash balance at 31 March 2022 stood at £35.4m.</p> <p>External Audit were in the process of auditing the draft accounts, and the Non-Executive Directors had carried out a deep dive into the accounts on 5 May 2022. The final version of the accounts would be presented to the Audit Committee on 15 June, prior to sign off by Board on 16 June with submission before the end of June 2022.</p> <p>Ms Risdon stated that the ICS had a surplus of £29.8m at Month 12, which was a slight improvement on forecast.</p> <p>It was noted that the breakeven Financial Plan for 2022/23 had been approved by the Finance, Business and Investment Committee and virtually by the Board on 22 April 2022.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the outturn financial position of the Trust and the ICS; and • Did not highlight any further assurances required. 	
1755	<p>Green Plan (agenda item 22)</p> <p>The Deputy Director of Finance presented the report which had been considered and supported by the Finance, Business and Investment Committee in March 2022. The revised plan took account of NHSEI guidance published since agreement of the last Green Plan in 2021.</p>	

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	<p>In particular Ms Risdon drew attention to the reduction in usage of gas and electricity, the 145 Green champions that had been secured across the Trust, and the fact that 30 staff had completed the Carbon Literacy training.</p> <p>The Chair expressed an interest in completing the Carbon Literacy training and suggested that the newly appointed Non-Executive Directors may also be interested.</p> <p>The Board approved the revised Green Plan.</p>	
1756	<p>Annual Declaration of Register of Interest for the Board of Directors (agenda item 23)</p> <p>The Director of Corporate Affairs introduced the paper and requested that any amendments to the register be sent to him prior to the Audit Committee meeting on 15 June 2022.</p> <p>The Board noted the annual Register of Board Members' interests for 2021/22.</p>	
1757	<p>NHS Improvement Quarterly Submissions (agenda item 24)</p> <p>Ms Risdon presented the recommendation from the Finance Business and Investment Committee that the Trust Board formally approve the Quarter 4 NHS England & NHS Improvement financial submission for the 2021/22 financial year.</p> <p>The Trust Board retrospectively approved the Q4 quarterly submission made to NHS England & NHS Improvement.</p>	
1758	<p>Proposed Changes to Board Nominations Committee Terms of Reference (agenda item 25)</p> <p>The Board ratified the proposed changes to the Board Nominations Committee Terms of Reference.</p>	
1759	<p>Board of Directors Public Meeting Annual Work Plan (agenda item 26)</p> <p>The Board reviewed the Private Board Work Plan for 2022/23.</p>	
1760	<p>Management of Deferred Items (agenda item 27)</p> <p>The Board noted the items currently on the deferred items log.</p>	
1761	<p>Any Other Business (agenda item 28)</p>	

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	Mr Lewis asked whether the Trust had done much to celebrate Ramadan, and it was agreed that more externally facing communication could be done next year.	
1762	<p>Meeting Evaluation (agenda item 29)</p> <p>The Interim Chair highlighted that the meeting had covered some challenging subjects and thanked all colleagues for their contribution. It was agreed that it was important to hear about the poor aspects of patient care as well as the good. The Board discussed the meeting and reviewed its effectiveness as part of the Trust's commitment to good governance and continuous improvement. The meeting was closed at 12.32pm.</p>	

Signed:

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Dated:

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