

**BOARD OF DIRECTORS' OPEN MEETING
MINUTES, ACTIONS & DECISIONS**

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 14 January 2021, with Dr Maxwell Mclean in the Chair, and Ms Laura Parsons, Board Secretary, the minutes of the previous meeting on the 12 November 2020 were read and approved.

Signed: _____ Chairperson

Signed: _____ Board Secretary

In light of the Government restrictions to groups of people meeting, our meeting of the Board of Directors took place virtually. The agenda and papers were available on our website and a mechanism was put in place for to enable feedback in relation to their content

The system that the Trust uses for virtual meetings enables recording of the discussion Key comments from the discussion panel have been included in the production of the minutes.

Date:	Thursday 12 November 2020	Time:	08:30-11:45
Venue:	Virtual Meeting (WebEx and Phone)	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Trudy Feaster-Gee (TFG) - Mr Mohammed Hussain (MHu) - Ms Julie Lawreniuk (JL) - Mr Jon Prashar (JP) - Mr Barrie Senior (BAS) - Ms Selina Ullah (SU) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) (joined the meeting at 9.30am) - Mr Sajid Azeb, Chief Operating Officer (SA) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Dr Bryan Gill, Chief Medical Officer (BG) - Mr John Holden, Director of Strategy & Integration (JH) - Mr Matthew Horner, Director of Finance (MH) 		

In Attendance:	<ul style="list-style-type: none"> - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Mr Paul Southern, Deputy Chief Digital and Information Officer (PS) representing the CDIO - Mr Saman Khan, (SK) Director of Urgent Care, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Mr Simon Kirk, (Ski) General Manager, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Mr David Greenhorn, (DG) Consultant in Emergency Medicine, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Praveen Karajgi, (PK) Lead Consultant Acute Internal Medicine, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Ms Emma Clinton, (EC) Matron: Emergency Care, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Ms Julie Brook, (JB) Matron: Same Day Emergency Care, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Ms Lizzi Vooght, (LV) Deputy Associate Director of Nursing, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Mr Brad Wilson, (BW) Consultant, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Ms Sarah Buckley, (SB) Clinical Lead for Patient Flow & Command Centre, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Ms Lucy Atkin, (LA) Business and Performance Support Manager, for agenda item Bo.11.20.3 – Getting to know the CBU’s emergency care - Ms Kate Lavery, (KL) Programme Manager, for agenda item Bo.11.20.11 – OMS presentation - Ms Sara Hollins, (SH) Head of Midwifery, for agenda item Bo.11.20.11 – OMS presentation - Ms Hannah Ackroyd, (HA) General Manager – Women’s Services, for agenda item Bo.11.20.11 – OMS presentation - Ms Alison Powell, (AP) Midwifery Lead – OMS, for agenda item Bo.11.20.11 – OMS presentation - Ms Deborah Horner, (DH) Consultant/Clinical Director for Anaesthetics, for agenda item Bo.11.20.11 – OMS presentation - Ms Carolyn Robertson, (CR) Consultant Obstetrician & Urogynaecologist, for agenda item Bo.11.20.11 – OMS presentation - Ms Jennifer Pope, (JeP) Head of Information Governance, for agenda item Bo.11.20.12 – Data protection officer annual report
Observers:	<ul style="list-style-type: none"> - Dr Ray Smith, Deputy Chief Medical Officer (RS)

No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair’s Opening Remarks MM welcomed all to the meeting and detailed the agenda items to be considered. The meeting was asked to note that Mr Mark Holloway, Director of Estates, would now routinely attend Board meetings as a non-voting Director.</p>	
Bo.11.20.1	<p>Apologies for absence - Mr Mark Holloway, Director of Estates</p>	
Bo.11.20.2	<p>Declaration of Interests There were no declarations of interest.</p>	

No.	Agenda Item	Action
Bo.11.20.3	<p>Getting to know the CBUs: Emergency Care KD introduced the Board to the Urgent Care CBU.</p> <p>The Director of Urgent Care, SK, delivered the presentation. He advised that the Urgent Care team was the first CBU to be developed 18 months ago. SK explained the structure of the team and the benefits of working collaboratively. The Board noted that following the implementation of a three year plan to both develop the team and raise standards the CBU is now ranked in the top three in the UK and improvements could be seen in both the management of in-patients and out-patients. SK referred to the role of the Command Centre in aiding improvements. He also referred to the improving relationships with external stakeholders, such as Yorkshire Ambulance Service and the Clinical Commissioning Groups and the excellent relationship in place with Airedale NHS Trust.</p> <p>SK stated that despite the significant challenges, the team was focussed on moving to outstanding. To support this, SK cited the Schwartz Rounds which are used to assist the staff on the front line. He described the integration of ACPs, ENPs, Physicians Associates and Nursing Associates into the CBU and further described work underway in attracting a wider work force. He stated that building in layers of services has contributed to improved patient safety.</p> <p>With regard to improvements in the patient experience; the Board noted:</p> <ul style="list-style-type: none"> - the rapid assessment and treatment service and further utilising this model to cope with the Covid pandemic; - the development of effective communications and ensuring they are in place between staff and patients; - Patients were becoming more involved in their own care. - The Emergency Department had been revised to make it much more infection secure. - Developments with regard to OPAT and admission avoidance through developing virtual hospital models. - The service was now deemed to be outstanding and there were ambitions to develop an academic research unit based in the CBU. <p>MM offered thanks on behalf of the Board for the presentation, adding that he was delighted with the focus on the staff. MM asked where the role of primary care works well in patient flow. DG, Consultant in Emergency Medicine, outlined the work undertaken by the team to link with NHS 111, Yorkshire Ambulance Service and the Clinical Commissioning Groups to ensure great results at all organisations. The Board was pleased to note that all stakeholders were working together to identify the best pathways for patients.</p> <p>JL reinforced the thanks given by the Board and stated that they have noticed the improvements. She observed that it is interesting to see how these achievements have been made. JL asked if the team have been lifted by seeing the results. SK advised that staff are not particularly interested in metrics, but care more about each other and the care they give to patients.</p> <p>BG commented that Urgent Care was a test bed for the CBU model. He</p>	

No.	Agenda Item	Action
	<p>advised that you have to give it time, with the right people and the right support for those people. He stated that this is an excellent example of how the CBU model has worked.</p> <p>TFG was interested in human factors and continual learning and wondered what experiences have been captured, that can be shared with other teams around the hospital. SK discussed the newsletter which is proving to be a useful tool. They were also undertaking more direct face-to face contact.</p> <p>MM thanked the Urgent Care team for the comprehensive presentation.</p> <p>The Urgent Care team left the meeting.</p>	
Section 2: Business from Previous Board Meeting		
Bo.11.20.4	<p>Minutes of the Meeting held on 10 September 2020 The minutes of the meeting where approved as a correct record.</p>	
Bo.11.20.5	<p>Matters Arising The following actions from the log were reviewed and the outcomes agreed:</p> <ul style="list-style-type: none"> • <u>Bo.7.20.21 Equality Update:</u> On the agenda at item Bo.11.20.34 and has also been addressed at the Regulation & Assurance Committee. <u>Action Closed.</u> • <u>09/07/2020 Bo.7.20.3 Patient Stories:</u> KD advised that the patient story related to delays in providing patients' medication. A Quality Improvement project was paused due to the closure of the discharge lounge following an increase in demand and various ward changes. An additional project began this week where a team of multi-professionals were linked to one of the red wards. This is intended to improve both the experience and timely management of discharge. KD asked the Board to note that the action has been resolved in a manner not originally planned due to the pandemic. <u>Action Closed.</u> • <u>Bo.9.20.23 NHS People Plan 2020/21:</u> MM asked the Board to note that SU has been confirmed as the Non-Executive Health and Wellbeing Guardian as requested through the NHS People Plan. <u>Action Closed.</u> • <u>Bo.9.20.28 Estates and Facilities and Internal Transformation:</u> The Board was asked to note that the Director of Estates would join the Board as a non-voting member. The report required at Board would now be presented at the Development Session on 10 December. <u>Action Closed.</u> 	
Section 3: Business Reports		
Bo.11.20.6	<p>Report from the Chairman MM reported on the following key items from his report. The Board noted that;</p> <ul style="list-style-type: none"> - The Council of Governor meetings have resumed as per their schedule and are now being recorded and streamed on the Trust's YouTube site. 	

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	<ul style="list-style-type: none"> - Dr David Robertshaw and Ms Hilary Meeghan had resigned from the Council. A search for new public governors would take place in early 2021. - The Governors Nominations and Remunerations Committee had formally welcomed Mr Amit Bhagwat and Professor Alistair Goldman as members of the committee. - The Annual General Meeting/Annual Members (AGM/AMM) meeting which took place on 8 September was streamed live with approximately 70 members in attendance. Since then the AGM/AMM video has remained available on You Tube and received approximately 500 views. - Staff Governor, Pauline Garnett, as a member of the General Advisory Council for Governors has had an article published in the Governor Focus magazine produced by NHS Providers. <p>MM asked the Board to note that NED recruitment was underway to fill the positions of both Trudy Feaster-Gee and Laura Stroud. He asked the Board to note that the next joint session between the NEDs and Governors would take place on 21 January 2021.</p> <p>MHu enquired about communications with members and, commented on the small number of members the Trust had within the Keighley area. JM advised that historically there has always been a lower number of members in Keighley due to its proximity to Airedale NHS Foundation Trust. With regard to communications it was noted that there were approximately 3,000 members with email addresses who receive the chair's email updates. JM further advised that a working group would be reinstated shortly following the appointment of the new Board Secretary to move forward on with the development of the membership strategy. MM agreed to provide more detailed information regarding the Trust's membership in his next report.</p> <p>The Board noted the following key comments from the comments board regarding the significant contributions of TFG and LS as members of the Board. The Board also noted the favourable response to the report written by Pauline Garnett, Staff Governor, which covered the impact on staff of the Coronavirus.</p> <p>The Board noted the report from the Chairman.</p>	<p>Head of Corporate Governance (Bo20024)</p>
<p>Bo.11.20.7</p>	<p>Report from the Chief Executive</p> <p>MP delivered her report towards the end of the meeting and so drew connections with some items already discussed but reported on later in the meeting. The Board noted;</p> <p>How the Trust had prepared over the last six weeks, for the second wave of the Covid pandemic. MP advised that it was more difficult this time around, due to the fact that the Trust was working on the restoration of services, and also the fact that this second wave falls during the winter period when there are also more seasonal illnesses. MP reminded the Board that staff have been through the first wave of the pandemic which did elicit an amount of stress and exhaustion which staff continue to experience. MP added that staff had also continued to manage Covid patients throughout the summer, whereas other trusts</p>	

No.	Agenda Item	Action
	<p>have not had this pressure. MP stated that with regard to the timeline for the second wave; concerns began in early September when transmission rates began to increase. Since then, infection rates have fluctuated in Bradford, going from the second worst in the country, to the 15th worst. This week, Bradford has the ninth highest infection rate in the country. MP stated that Bradford is currently still in the throes of this second wave. Time has been taken to prepare to care for these extra patients, plus more red capacity (Covid) wards have been implemented to receive them. At the same time the Trust is still providing acute care for other urgent patients. The Trust has, however, learnt many lessons with regard to the treatment of Covid and this has led to less pressure on critical care however, there has been an increase in pressures in other areas of the Trust</p> <p>MP advised that increased pressures across the hospital led to the decision of the Executives to pause many routine services, to ensure that the staff could be redeployed into in-patient areas. MP advised that with regard to this second wave, stocks of equipment and supplies are more readily available.</p> <p>MP discussed in detail the impact on staff and the efforts the Trust was making to support staff. The Board noted:</p> <ul style="list-style-type: none"> - The redeployment strategy and how this has offered help to staff in areas which are under pressure by retraining administrative support staff to support clinical areas. - The different options available to help staff combat the stresses and strains currently prevalent in the Trust, including the Well Being Wednesday initiative and creative ideas such as having a dog that could be loaned out for staff to walk in the grounds of the hospital. She advised that the proven therapeutic evidence regarding pets is well known. She also felt that under the current circumstances, the Trust needs to try new and different ways to help support the staff. - Investment has been made in designated senior psychologist posts within the Trust, whose role it is to support staff exclusively. <p>MP discussed the plan to undertake routine testing of asymptomatic staff which would begin the following week with patient-facing staff offered the lateral flow test on a fortnightly basis. The Board noted that this may impact on staff levels, with asymptomatic staff having to self-isolate.</p> <p>MP discussed the Kinnair report, reminding Board that this was published as a result of a review commissioned by WY&H Partnership. The aim of the report was to review and address the health inequalities which have been observed during the first wave of the Covid pandemic. There are key areas which have come out of the report, which the Trust are required to address.</p> <ul style="list-style-type: none"> - The first is ensuring that the partnerships leadership is reflective of its communities. MP noted that this has been discussed in detail with regard to the senior leadership of the Trust. - Second, is using information to make sure services meet the needs of different groups. - Third, is reducing inequalities in mental health outcomes by ethnicity. 	

No.	Agenda Item	Action
	<p>MP proposed implementing an Inequalities Council which would build on the work of the existing Diversity, Equalities and Inclusion Steering Group. This Council, she proposed, would have a broader remit and a much broader membership. It would be supported by PC and by Mr Kez Hayat, the Trust's Equality and Inclusion Lead. The first focus of the Council will be to review the Kinnair Report, alongside the existing Equality and Diversity work plans, plus the additional actions which were outlined in the Phase III letter. MP stated that out of this, will come a comprehensive work plan and areas for action. She stated that she wants this to be an inclusive space, and that she is hoping that the final meeting of the existing Diversity, Equalities and Inclusion Steering Group on the 23rd of November, can expand the membership to include Staff Governors, Non-Executives and also the Chairs of all the networks that the Trust has. This is to ensure that it oversees every area of inequality. She suggested that there are two parallel focuses for the Council, one of looking at inequalities with staff and the other with inequalities across the local area.</p> <p>MP reported on the launch of a second Vascular Hub, part of a larger vascular network in West Yorkshire, which will go live on Monday 16 November which was located at Bradford Royal Infirmary. This is good news for our patients and the culmination of a significant amount of work, including a public consultation which had to be paused due to the first wave of Covid.</p> <p>MP advised that she is keen to see Act as One, continue through the second wave of Covid. She mentioned the revision of the Strategic Partnership Agreement, which binds all the NHS providers and Commissioners together. She stated that it is a good time to revisit the agreement, to strengthen it and give it much more authority and autonomy. The Board noted the establishment of a design group with JH taking on the role of lead Executive and MM chairing the group. MM was further assured by MP that the proposed Council would be an internal council.</p> <p>The Board noted the report.</p>	
<p>Section 4: Delivery of the Trust's Clinical Strategy</p>		
<p>Bo.11.20.8</p>	<p>Strategic Risk Register</p> <p>JH reminded the Board that at the present time all open strategic risks were being considered routinely at the Executive Team Meetings (ETM) prior to their presentation to the Board.</p> <p>JH asked the Board to note that for future meetings the cover document would provide details of the discussions held at ETM regarding any changes. The Board was asked to note the pressure on staff as a result of the pandemic which was a particular theme running through the risks.</p> <p>JH advised that the Executives considered the escalation of risks from the divisional risk registers to the strategic risk register. Of five key risks discussed, three were escalated to the strategic risk register. EMT had considered the movement log which included one new risk related to the admission of young people/children with mental health issues. Five</p>	

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	<p>risks were now closed. The key risks discussed by the Executives concerned;</p> <ul style="list-style-type: none"> • Risk 3380, regarding patients with a mental health issues being treated appropriately and if staff have the relevant knowledge and awareness. This risk has increased in score. • Risk 3351, regarding monitoring and control of Covid-19. It was felt that the risk has increased, due to the rising level of cases in the Trust. <p>Risk 3554, regarding cash and liquidity / Risk 3555, regarding financial stability. Both of these increased in score, due to where the Trust is in the year and the cycle of finances.</p> <ul style="list-style-type: none"> • Risk 3560, regarding safe staffing and the potential impact of Test, Trace and Isolate. <p>A set of risks regarding Partnerships was also discussed by the Executives. Historically, there have been a number of risks relating to Acute Provider Collaborations. With the implementation of Act as One, it was felt that it was no longer appropriate to have this risk. The risk related to the creation of two arterial vascular centres has now been ratified and is currently being implemented.</p> <p>JH advised the Board that a new risk assessment is underway with regard to the Integrated Care System and work across West Yorkshire which may mean that a new risk might need to feed through to the Strategic Risk register.</p> <p>KD highlighted the risks with regard to Nurse Staffing stating that she was of the view that the Trust was working to well below the recommended NICE guidelines. She informed the board of the internal and external whistle-blowers related to wards being opened at short notice and the CQC were involved. KD reported that the Trust is seeing increased levels of staff stress (as referred to under other agenda items) and these risks are being carefully monitored, on an hourly basis, to mitigate them. There is an increase in low level concerns being raised by staff but all patients are being kept safe and, whilst the levels of staffing are safe they are not ideal and where the Chief Nurse would wish them to be. The use of the Command Centre gives her reassurance, but there is awareness that this is a constantly moving situation.</p> <p>In response to a question raised by JP regarding mental health risks, KD advised that the Trust is dealing with some incredibly unwell patients who are living with mental health illness. She also referred to the issues regarding children with mental health issues who are difficult to place in suitable treatment facilities. KD further advised that there is more than one mental health nurse available in the Trust and, video conferencing was one of the methods being explored to facilitate treatment.</p> <p>BS referred to risk 3468. He asked if the Trust was working quickly enough to resolve issues with regard to incorrect information on the EPR system. MP advised that a senior member of staff had been assigned to focus on this particular risk.</p>	<p>Director of Strategy & Integration (Bo.20025)</p>

No.	Agenda Item	Action
	<p>BS referred to risk 3560 and asked what the Trust response would be to staff who did not wish to be vaccinated. MM advised that this would be discussed under agenda item Bo.11.20.16 Healthcare worker flu vaccination best practice assurance.</p> <p>SU queried if there were sufficient numbers of staff with the appropriate skills on the bank staff register to backfill staff. KD advised that under normal circumstances the Trust would have sufficient staff however at the present time there were not. PC added that whilst we have high numbers of HCA bank staff, some are choosing not to work and some are choosing 'where' to work which is often not where we most need staff. The Trust was however continuing to recruit staff to the Bank register.</p> <p>MM stated that it was a well-received document and noted that JH will be amending the cover sheet for future Board submissions.</p> <p>The Board noted the contents of the report.</p>	
Bo.11.20.9	<p>Integrated Dashboard JH asked the Board to note that that the details of the dashboard would be covered under other items as per the agenda.</p>	
Section 4a: Quality		
Bo.11.20.10	<p>Quality Dashboard BG asked the Board to note that the dashboard had been altered to take account of the Covid pandemic. The Board noted the following:</p> <ul style="list-style-type: none"> - The Board noted changes in the mortality report which now excludes patients who have had a diagnosis of Covid. He stated that the overall mortality rate for the Trust has stayed approximately the same. - There has been a rise in still-births, which has been flagged to the Regulation and Assurance Committee. He advised that the circumstances for that rise are known and will be picked up in detail at the next Regulation and Assurance Committee. - Hospital readmissions have been flagged, but this is because there are still issues regarding understanding Covid and re-admissions. - Regarding the high still-birth levels discussed at the September Regulation and Assurance Committee; KD stated that the figures have fallen for October to two still-births. - KD referred to the figures related to 'falls with severe harm', and informed the Board that these incidents are undergoing an investigation at present. <p>MM asked about the deterioration in the sepsis indicator and if any more up to date information is available. He also asked if the current Covid pandemic is causing issues in getting antibiotics to patients with sepsis. BG advised that the data is being counted differently and that suspected sepsis patients are flagged on EPR. He also advised that the deteriorating patient tile was paused during the upgrade in September and has recently been re-started. The tile provided another way to identify Sepsis patients for early intervention. BG advised that there is an impact from Covid which has led to the Trust being slower in reacting.</p>	

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	<p>Whilst the hour long timescale is challenging, patients are receiving antibiotics within 2 to 3 hours. BG added that the national benchmark is 40-50% and the Trust does perform above this position however the Trust would like to do much better.</p>	
<p>Bo.11.20.11</p>	<p>Maternity Services Update/Outstanding Maternity Services (OMS) presentation</p> <p>KD introduced the team and invited HA to deliver the presentation. . HA introduced the project to the Board and discussed progress since the launch in August 2020. It is a large scale project, to bring people and thoughts together within the CBU, to improve services. The main focus is to keep the woman and her baby at the heart of all that the CBU do. Work streams were created in line with discussions at the launch and recommendations from the CQC inspection, in November of 2019. The team have further developed a vision document, with charters for each work stream.</p> <p>SH, Head of Midwifery, outlined the project charters and advised that objectives had been agreed which covered feedback from patients, wait times for clinics and a decrease in stillbirths. The investing in workforce work stream will focus on improving development and training opportunities and, developing a culture based on kindness and support H stated that she is hoping to see better feedback from the staff survey.</p> <p>SH referred to work underway on moving to digital and the implementation of the Cerner maternity tile. There is a particular focus on this work to ensure that Maternity understand the data and how to share it. SH stated that another key focus is the development of a building fit for the future as the service has outgrown the current maternity unit. There are a number of project streams already underway to address this, including the theatre project. SH further advised that the '15 steps' project is due to start which will improve the initial impact on arriving at the Maternity unit.</p> <p>CR discussed the achievements, engaging with staff, patients and external stakeholders. She outlined the work of the Maternity Voices Partnership (MVP), in providing guidance on areas to focus on. CR stated that a focus had been placed on ensuring good communications with staff regarding the project. The team want to be collaborative and have linked with the Better Births project across the region.</p> <p>CR discussed the risks and the impact of Covid and how this affects the availability of staff for some of the leadership roles on the OMS work streams. She stated that she believes that a significant investment is needed, in order to change the building and, that key support is required from Estates and Human Resources to consider workforce, remodelling of rotas, different ways of working and, a focus on culture in the move to deliver an outstanding service.</p> <p>MM asked HA to outline who sits on the OMS Board. HA advised that the Board meets monthly. KD is the Executive sponsor with HA, SH, CR, AP and DH as part of the Maternity CBU. The OMS Board also includes representatives from the Trust's anaesthetics team and, external partners representing the MVP and CCG.</p>	

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	<p>SU asked about issues particular to South Asian women and wished to know how views from this cohort are involved in the planning and evaluation underway. SU also referred to the diversity of the members of the OMS Board. Both SH and AP outlined reaching out to service users and engaging with this cohort and that women have been brought in to the project, via the MPV collaboration. AP advised that engagement continues to take place with women living in all postcode areas across the district, and includes a range of service users including those with disabilities. They stated that engagement with staff has been excellent and that it was clear from the launch event, that it represented a varied cross section of the ethnicity of the Trust's workforce. As the work streams unfold, there will be a diverse range of staff working on this project.</p> <p>TFG was interested in the investing in the workforce project charter, and referenced the presentation earlier from the Urgent Care Team. TFG asked how the OMS project team are reaching out to other teams in the Trust for help with the project. DH discussed work undertaken in relation to maternal critical care and the award winning simulation work done. These simulations have been running with different CBU's within the Trust and show the training work taking place with Maternity and other CBU's. They will be continuing with this work and, there are various teams within Maternity who are really keen to be involved in the OMS project.</p> <p>MM discussed the Schwartz Rounds mentioned by Urgent Care, earlier in the meeting and wondered if they had considered the mental health aspects in the Maternity CBU work. SH advised that Maternity have an advantage, as they have Professional Midwifery Advocates (PMAs). She advised that the PMA process is being used to support staff. She also mentioned the use which is made of the Trust Psychology Team during the impact of the current pandemic. SH added that the OMS programme provides a great opportunity for collaborative working with Airedale NHS FT.</p> <p>KD extended a personal thanks to all the Maternity Team from the Board. KD stated that Covid has impacted greatly on their services however safety measures have been improved significantly. The Maternity Team have done an outstanding job.</p> <p>The Board noted the complimentary comments included within the chat function for the meeting. MM complimented the Maternity Team on their progress to date with regard to the OMS programme.</p>	
<p>Bo.11.20.12</p>	<p>Annual Data Protection Officer Report</p> <p>JeP asked the Board to note that the report is fairly positive, even with the pressures of Covid. Great efforts have been made to bring training up to date and to use the Data Security and Protection tool kit successfully. In summary, the following key points were discussed and noted:</p> <ul style="list-style-type: none"> - Following the receipt of four external reportable incidents, the Information Regulator acknowledged that there were no systemic 	

No.	Agenda Item	Action
	<p>problems.</p> <ul style="list-style-type: none"> - Good work had taken place with information asset owners. - Work had taken place to review documents and make more accessible tools for all to use. - Moving forward there is to be a follow up internal audit regarding information asset owners. - There may be challenges with regard to training due to Covid which may mean a delay to completion. JeP is currently engaged in dialogue with the national SIGN (Senior IG Network) and also NHSX regarding this. - There is a new audit approach across the whole of the NHS regarding the tool kit during 2020/21. - There were challenges regarding the UK's EU exit. IG is currently contacting heads of service and information asset owners regarding this and IG continues to monitor information from NHSX regarding this. - Collaborative work with Airedale NHS FT continues. <p>PS commented that the IG team has a really positive influence on how we care for our patients and how we are sharing information. He thanked the IG team and said that clinicians find them enabling in solving issues.</p> <p>BG asked the Board to note the links with the Caldecott Guardian and commended the support he received. He asked JeP to note his thanks to her and others in the IG Team.</p> <p>The Board note the opinion of the Data Protection Officer regarding the position of Information Governance. The Board confirmed it was satisfied that the Data Protection Officer role is being effectively planned and discharged to provide the Board of Directors and the Trust, with the appropriate information and assurances regarding compliance with the General Data Protection Regulation/Data Protection Act.</p>	
Section 4b: Finance and Performance		
Bo.11.20.13	<p>Finance and Performance Dashboard</p> <p>MM welcomed SA to the Board.</p> <p>SA outlined the key points from the Finance and Performance dashboard. He explained that this dashboard data shows the September position for all the constitutional standards, minus the cancer section which reports four weeks behind. The cancer data reported is for August.</p> <p>SA highlighted the performance of the Emergency Care CBU and the factor of seasonal variation and asked the Board to note the significant statistical improvement of 8%, in comparison to last year's figures. SA also scrutinised the Emergency Care position nationally and he was pleased to report, that the Trust are 25th out of 123 trusts nationally. SA stated that this is fantastic and a very strong testament to the hard work done within that CBU.</p>	

No.	Agenda Item	Action
	<p>SA discussed that the referral to treatment standard is a forecasted position due to data quality issues. He noted that the referral rate had improved, but that the 52 week wait position has deteriorated, he advised that this will get worse before it gets better due to the second wave of the Covid pandemic. He stated that the Trust does have a robust clinical prioritisation process in place, where the focus is being given to the clinically urgent first using categories.</p> <p>SA discussed the cancer standard performance of the two week wait for cancer diagnosis; performance has been excellent regarding this. Although he stated that this has been difficult to manage due to Covid pressures. He stated that this proves that focussing the efforts of the Trust on the clinical prioritisation process works.</p> <p>He stated that the cancer wait time for treatment, is going to deteriorate due to treating the patients who have already waited beyond the 62 days for their first treatment. He advised that figures for patients who have waited a long time for their first treatment, has gone down significantly. He also informed the Board, that performance figures will deteriorate due to long waiting patients being treated. He stressed to the Board that the Trust are still continuing to do the right thing by the patient.</p> <p>He advised that the diagnostic waiting time standard, has been improving since April 2020. This is due to x-ray/CT/MRI being brought back to a point of delivery. Endoscopy has been difficult due to Covid measures being put in place and whilst there has been an improvement in delivery, SA stated that it will be some time before the Trust will return to a good level on this.</p> <p>MM stated that the Monthly Performance Update was very helpful and the explanatory text was very useful.</p> <p>JL commented on the encouraging performance metrics particularly in light of the significant challenges. She also felt that there had been really good work in maintaining some of the levels mentioned. When considering the daily Covid reports the Board was in receipt of - she congratulated all staff on maintaining the flow through the hospital.</p> <p>SA agreed that this was a really important point and stated that it is unfortunate that routine activity has had to cease, but that flow through the hospital has been excellent. He stated that although staff were under pressure, this was a great clinical engagement. MM thanked SA for his report.</p>	
<p>Bo.11.20.14</p>	<p>Approved Financial Plan Q3 & Q4 2020/2021</p> <p>MH advised that the three indicators on the dashboard all conclude on the 30th September 2020, which is the final month for the initial financial regime for 20/21. For each of the indicators, the Trust remains on plan and there are no significant issues to highlight. MH stated that there has been a slight variance in the last month against the baseline funding before retrospective top up and this related to the increased elective activity in September. For the year to date position the Trust have had significant under-spend against elective work, which was off-setting</p>	

No.	Agenda Item	Action
	<p>some of the underlying issues which have been discussed previously.</p> <p>MH stated that cash and liquidity are slightly behind, but that is due to a timing difference relating to approved PDC/Capital funding which was planned for September. This is due to arrive in November 2020.</p> <p>MH stated that there is nothing to escalate as regards risk.</p> <p>SU asked if MH could give her a sense of what impact the second wave of Covid will have on the Trust's financial plans. She also commented that a second wave of the Covid pandemic had not been factored in to the original financial plan. MH advised that the Trust is broadly online regarding Covid spending assumptions. The Trust has an effective approval process in place for Covid spend and has not declined spend requested to maintain the safe delivery of services and manage patient experience and flow.</p> <p>The Board noted the key issues arising.</p> <p>MM then asked the Board to consider the paper submitted by MH which is the financial plan for quarters 3 and 4. MH explained that the paper has already been taken to the Finance and Performance Academy for approval. He advised that there were a couple of changes to the plan, following the Board Development Session in October; these were around how the projected deficit would be jointly managed across the four organisations in the Bradford Place. To ensure the ICS delivers a balanced position, the system will work collaboratively to manage the situation. A memorandum of understanding (MOU), reflecting the agreed ICS financial framework for the remainder of the year has been signed.</p> <p>MH advised that the second wave of the pandemic was impacting on elective activity and will likely result in a lower than planned level of expenditure. Whilst this is not ideal from patient experience and performance perspective, the risk to delivering the financial plan will be reduced.</p> <p>The Board note the submission of the plan.</p> <p>JL stated that she had nothing further to add.</p>	
Section 4c: Workforce		
Bo.11.20.15	<p>People Dashboard</p> <p>PC discussed the metrics where there is new data on the dashboard.</p> <p>She stated that regarding the engagement metrics, there has been an increase in contacts with the staff advocacy service. She advised that the service has been promoted quite strongly, to try and ensure that staff use the service rather than going straight to Kez Hayat, Equality, Diversity and Inclusion lead. She stated that through the increased use of the advocacy service, there is also a rise in informal resolution of cases. She advised the Board that a webinar on civility in the work place has been developed and has evaluated really well. PC informed</p>	

No.	Agenda Item	Action
	<p>the Board that the majority of harassment and bullying cases have been colleague to colleague and represent a breakdown in team relationships and dynamics. She discussed pauses in bullying and harassment case investigations due to the impact of the Covid pandemic. PC advised that investigations of these cases have now restarted. She also acknowledged that these delays can impact on health and wellbeing of staff.</p> <p>PC advised the Board that staff turnover is very low at the moment and that she suspects this is due to the current economic climate.</p> <p>She advised that in terms of the equality and diversity indicators, the BAME overall workforce numbers continue to increase but that this is not reflected in the senior leadership data. Currently this increase is on a par with the action plan submitted to the Regulation and Assurance Committee last month. PC stated that improving BAME senior leadership at the Trust is a key action in that action plan, along with reviewing the recruitment and selection process.</p> <p>PC advised that internal and external mentorship programmes are being launched in January 2021, plus promoting the BAME Fellowship and that she will keep reporting through to the People Academy and the Board, on the progress of these and any actions which are taken, with the key focus of the WRES Action Plan being BAME senior leadership.</p> <p>PC stated regarding health and wellbeing, staff sickness levels remain very challenging. Sickness due to Covid has increased in both September and October 2020 and is now at the same level as in mid-May 2020. She advised that this is similar throughout WYAAT trusts. She stated that the highest levels of sickness for non-Covid absence are due to mental health/stress/anxiety conditions. PC acknowledged that this may also be Covid related. PC informed the Board that she will bring a paper to the next Regulation and Assurance Committee meeting.</p> <p>MM reminded PC regarding the points which KD raised earlier in the meeting, regarding the increased stress levels of staff. PC advised that she feels that involving staff in the conversations taking place regarding staffing levels, and ensuring that staff are engaged and involved with those decisions, will improve the situation. PC also mentioned the general tiredness amongst staff and that this can lead to tensions. PC advised that OD staff are assisting with team relationships and team building.</p> <p>JP commended the work around diversity and equality and commented that the meetings which he has attended with staff networks have been very positive. He asked if it is time for radical action to ensure there is progress regarding the challenge of BAME representation in senior roles at the Trust. PC discussed that conversations around this subject are happening both within the Trust and at WY&HP level (as referred to within the Chief Executive Report at Bo.11.20.7)</p>	

No.	Agenda Item	Action
	<p>MHu stated that he welcomes discussing this at Board meetings and he feels that this is really important. He commented that the space isn't always made, to step back and look at equality and inclusion. He wondered how to ensure that staff at all levels, have time to look at this issue. He also asked about the Trust recruitment process and how to get the best out of candidates. He proposed giving interview questions to candidates prior to the interview, to try to get the best performance out of the candidates. PC responded that MM had raised this issue with her and HR would give some thought to the proposal of giving interview questions in advance. Regarding equality and inclusion, and ensuring that staff at all levels are given time to look at this issue; she stated that it is very difficult at the present time, to carve out time to do anything. She advised the Trust moved to online equality and diversity training and she feels that something has been lost because of that. PC advised that the Trust's training approach to EDI is being reviewed, with a view to making it more face to face and conversational rather than online when it is possible to do this.</p> <p>MM stated that there is a clear message from the Board, that some strong action, with new ideas and new thinking is being progressed.</p> <p>BG stated that he just wanted to reflect on consultant recruitment to the Trust. He stated that the Trust is very successful in recruiting BAME Consultants. He felt that this was down to the way trainee consultants are supported. He wondered if further generational shifts, would improve this in the future. MM advised that as an organisation, the Trust needs to find the time for the conversations to take place and for that development to happen.</p> <p>SU echoed these comments and stated that a radical solution is now needed. She also reminded the Board of the demographics for EDI and intersectionality within the Bradford area. She stated that not understanding the EDI means that the Trust cannot focus or understand the correct needs of the population and how this drives the work for the Trust. She stated that this is about sound business sense. SU also stated that the high level plans are a great tool, but the Trust needs to ensure that this issue is owned at every level. She asked where the Board get the assurance that this plan is owned at every level.</p> <p>MM wondered if the current infrastructure of the People Academy is going to solve this issue. SU stated that she feels it is for the Executives to consider how best to deliver this change. MP stated that this is not a problem which is going to go away and that it should be one of the Trust's greatest ambitions. MP stated that of all the trusts in the country, Bradford should be at the top regarding this. She also acknowledged that SU is correct in her observations. She stated that CBU's should be enabled and held to account and wondered how to help and support this, to ensure that the Trust improves. She advised that a first round of consultations have taken place with the CBU's, with a second round about to take place. MP discussed that these conversations and this scrutiny, around and with CBU's, will assist and be the mechanism for working on this challenging issue. She also discussed that the executive team will be asking the CBU's how best</p>	

No.	Agenda Item	Action
	<p>they can support and help work in this area. KD highlighted the discussions which have taken place in the People Academy, and wished to mention that this is not just about giving staff the time and space to consider this subject, but she feels that this is also about the education of the people recruiting and the fact that we unconsciously recruit staff in our own image. She also pointed out that whilst there is an underrepresentation in the highest tiers of the Trust there is a significant overrepresentation in the lowest tiers of the Trust. She wondered if this was a subject for a Board Development Session.</p> <p>The Board noted the report and that discussions would continue as part of the People Academy.</p>	
<p>Bo.11.20.16</p>	<p>Healthcare worker flu vaccination best practice assurance</p> <p>PC stated that the ambition is for a 100% uptake of the vaccine from front line healthcare workers. She explained that uptake so far is at a similar level to last year. She outlined the communications campaign which is taking place over the next couple of weeks, regarding myths circulating about the flu vaccination.</p> <p>Regarding the Covid vaccination, she advised that there appear to be two current opinions amongst staff. With one being a keenness to have the vaccine, whilst a minority of staff are reluctant. PC stated that the vaccination is not going to be mandated and she advised that thought will need to be given to how the Trust can encourage maximum uptake.</p> <p>The Board noted the self-assessment checklist on the flu paper and the ambition for 100% uptake of the flu vaccination amongst frontline, health and care workers.</p> <p>SU reminded the Board that the Trust's staff are the biggest asset, resource and expenditure. She advised that PC and her team do an amazing job in looking after this and she wished to offer thanks.</p> <p>The Board noted the report.</p>	
<p>Section 4d: Partnerships</p>		
<p>Bo.11.20.17</p>	<p>Partnership Dashboard</p> <p>JH advised the Board that a fresh assessment was underway of the work taking place at West Yorkshire level. A consequence of this would be to identify if a strategic risk continued to exist with regard to, capturing opportunities. He advised that the same work needs to be undertaken in relation to the Partnerships dashboard as it reflects a point in time which has now moved on.</p> <p>JH asked the Board to note the following three key points;</p> <ul style="list-style-type: none"> • Act as One continues to progress throughout the Covid pandemic. JH emphasised how important this is that the Trust continues to look at the broader picture, as well as the Covid pandemic work. He felt that Act as One assists with this, bringing an appropriate level of emphasis and working with partners. • The Trust is actively co-operating across the Place in the way that we respond to the pandemic; whether that is through Boards' or 	

No.	Agenda Item	Action
	<p>communications.</p> <p>The recent publication by the Trust of, People, Partners and Place subsequent to feedback received from the Board Development Session in October helped to further shape the document published. This is about where the Trust is currently positioned and speaks of the ambition of where the Trust wants to be. JH added that this marked the start of the process to develop the Trust's new strategy and will assist the Trust in the months ahead, as a reminder of the Trust's ambitions. JH advised that following recent feedback he had determined that all existing strategies and plans would be collated with some narrative explanation added and published. This was something that JH was keen to pursue.</p> <p>JH also referred to plans to undertake a broader piece of engagement to develop the Trust's new corporate strategy for the next five years.</p> <p>The Board noted the report.</p>	
Bo.11.20.18	<p>People, Partners and Place</p> <p>JH asked the Board to note the comments regarding People, Partners and Place covered in the previous agenda item at Bo.11.20.17.</p>	
Section 4e: Audit and Assurance		
Bo.11.20.19	<p>Report from the Audit and Assurance Committee</p> <p>Further to the report provided, MH drew the Boards attention to two key items detailed in the report that were discussed at the Audit and Assurance Committee meeting held 13 October.</p> <ul style="list-style-type: none"> - The Director of Strategy and Integration's attendance at the meeting and the discussion that took place which referred to the Board Assurance Framework and how the Audit and Assurance Committee could compliment the assurance process. - The Chief Medical Officer attended the meeting to discuss the interface with Clinical Audit and the Quality Improvement programme. MH commented that this was a helpful discussion supporting awareness and understanding. <p>The Board noted the report.</p>	
Section 4f: Delivery of the Trust's Clinical Strategy		
Bo.11.20.20	<p>Board Assurance Framework and Risk Appetite Statement</p> <p>The Board noted the assurance framework and risk appetite statement.</p>	
Section 5: Governance		
Bo.11.20.21	<p>Safeguarding Adults annual report 2019-20</p> <p>KD advised that she would discuss both the Safeguarding Adults annual report and the Safeguarding Children annual report together in this agenda item.</p> <p>KD asked the Board to note that both reports refer to the previous financial year. KD highlighted the following key points:</p> <ul style="list-style-type: none"> - The Safeguarding Adults service had moved to seven day working 	

No.	Agenda Item	Action
	<p>during the Covid pandemic.</p> <ul style="list-style-type: none"> - There had been reduced activity towards the end of the last financial year, but a rise in the increased complexity in cases. - A learning disabilities nurse has now been substantively appointed providing improvements to the service. - With regard to Safeguarding Children and maternity services; additional investment has been allocated to ensure that midwives are attending case conferences. - There is now a system in place to flag up when children are placed on adult wards. KD advised that once children are over the age of 14 years, they do have the choice to go on to an adult ward. There are a number of risks on the strategic risk register which link to this and which have been noted in the report. <p>The Board noted the report.</p>	
Bo.11.20.22	<p>Safeguarding Children annual report 2019-20 This item was covered under the previous item at Bo.11.20.21</p>	
Section 6: Board Meeting Outcomes		
Bo.11.20.23	<p>Any other business</p> <p><u>Retirement of Dr Bryan Gill, Chief Medical Officer:</u> MM asked the Board to formally note that this was the last meeting that Dr Bryan Gill would attend as Chief Medical Officer. MM offered his thanks to Dr Gill, on behalf of the Board of Directors, for his service and for the many developments and improvements Dr Gill had led during his membership of the Board. BG thanked the Chair and commented on the improvements in the quality of care that the Trust has made. He stated that he is very excited to have been part of that journey where the Trust has moved to Good and is confident it will achieve Outstanding. BG thanked the Chairman, and the Board, for their kind comments.</p>	
Bo.11.20.24	<p>Issues to add to Strategic Risk Register There were no issues to be added to the Strategic Risk Register.</p>	
Bo.11.20.25	<p>Issues to escalate to NHS Improvement (NHSI) There were no issues to escalate to NHSI.</p>	
Bo.11.20.26	<p>Issues to be reported to Care Quality Commission (CQC) There were no issues to be reported to CQC.</p>	
Bo.11.20.27	<p>Items for Corporate Communications There were no items for Corporate Communications.</p>	
Bo.11.20.28	<p>Date and time of next meeting Thursday 14 January 2021 (time tbc)</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 12 November 2020

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo20019	Bo.9.20.17	CQC Action Plan Update – July 2020: KD explained that the Moving to Outstanding Committee will have oversight for all CQC actions and, updates will be presented to the Board of Directors via the Regulation Committee and Academy route to ensure full oversight.	Chief Nurse	14 January 2021	
Bo20025	Bo.11.20.8	Strategic Risk Register: JH to amend the coversheet for the strategic risk list.	Director of Strategy & Integration	14 January 2021	