

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

At a scheduled meeting in public of the Board of Directors of Bradford Teaching Hospital on the 18<sup>th</sup> of March 2021, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 20<sup>th</sup> of January 2021 were read and approved.

Signed: \_\_\_\_\_ Chairperson

Signed: \_\_\_\_\_ Trust Secretary

In light of the Government restrictions to groups of people meeting, our meeting of the Board of Directors took place virtually, and was not open to the public. 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 and the use of a comments panel. The comments have been included in the production of the minutes.

<b>Date:</b>	Thursday 18 March 2021	<b>Time:</b>	09:30-12.45
<b>Venue:</b>	Virtual Meeting Via Microsoft Teams	<b>Chair:</b>	Dr Maxwell Mclean
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean (MM)</li> <li>- Ms Julie Lawreniuk (JL)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Ms Selina Ullah (SU)</li> <li>- Mr Jon Prashar (JP)</li> <li>- Mr Mohammed Hussain (MHu)</li> <li>- Mr Altaf Sadique (AS)</li> <li>- Ms Karen Walker (KW)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive (MP)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Mr Paul Rice, Chief Digital and Information Officer (PR)</li> <li>- Dr Ray Smith, Chief Medical Officer (RS)</li> <li>- Mr John Holden, Director of Strategy &amp; Integration (JH)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mr Sajid Azeb, Chief Operating Officer (SA)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Mr Mark Holloway, Director of Estates &amp; Facilities (MHo)</li> <li>- Ms Laura Parsons, Trust Secretary (LP)</li> <li>- Dr Maj Pushpangadan, Consultant - Care of the Elderly (MPu), Ms Brenda Mosley, Matron - Elderly and intermediate Care (BM), Dr Stuart Maguire, Consultant in Stroke Medicine (SM), Ms Jacqueline Crabtree, Deputy Matron – Intermediate Care (JC) and Mr Awais Habib, General Manager – Elderly, Intermediate Care, Stroke and Neurology (AH) for agenda item Bo.3.21.3 - Getting to Know the CBUs - Elderly Care.</li> <li>- Ms Sarah Turner, Assistant Chief Nurse – Vulnerable Adults (ST) for agenda item Bo.3.21.9 – Mental Health Strategy 2021/23</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- Ms Helen Wilson, Governor (HW)</li> <li>- Mr Amit Bhagwat, Governor (AB)</li> </ul>		

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<b>Section 1: Opening Matters</b>		
	<b>Chair's Opening Remarks</b>  MM welcomed all to the meeting and detailed the agenda items to be considered.	
<b>Bo.3.21.1</b>	<b>Apologies for Absence</b>  No apologies were received.	
<b>Bo.3.21.2</b>	<b>Declaration of Interests</b>  No declarations of interest were noted.	
<b>Bo.3.21.3</b>	<b>Getting to Know the CBUs - Elderly Care</b>  MM welcomed colleagues from the Elderly, Intermediate Care, Neurology and Stroke Clinical Business Unit (CBU) to provide an overview of the nature of their roles, the challenges they face and the future plans of the service.  MPu noted the apologies of Mark Busby, Andrea Allanach, Francesca Hill and Caroline Varley, who were unable to attend today. He shared that an admission unit for older people (Ward 3) was developed in 2004, which was one of the first in the country. There are also two downstream wards (29 and 31) at the Bradford Royal Infirmary (BRI) and a subacute ward (F6) at St Luke's Hospital (SLH). A hip fracture service was implemented in 2014, which again was the first in the country, meaning anyone over 60 with a hip fracture could be referred directly to Ward 31 for treatment. This resulted in the Foundation Trust being in the top 5 trusts in the country in terms of outcomes.  Intermediate care for inpatients has been provided in Bradford for the last 20 years, incorporating units at Westwood Park, SLH and Westbourne Green. This allows for the rapid movement of patients for inpatient rehabilitation. A home rehabilitation service was missing at that time and the Foundation Trust was one of the first in the country to develop a virtual ward with a discharge to assess mentality, resulting in swift discharges with domiciliary multidisciplinary team input. Since 2017 this model has been geared more towards admission avoidance and a Health Service Journal (HSJ) award was given to the service in 2017. MPu also mentioned the MAIDT team, who assist with more complex discharges and are integral to the service.  In terms of the Stroke Service, a hyperacute stroke unit admits patients from both Bradford and Airedale. In terms of Neurology, acute patients are admitted onto Ward 6 and the service is being developed in collaboration with Primary Care. The Foundation Trust employs one of the leading neuromuscular specialists in the country, Mark Busby, who is engaged with ongoing work within the community.  MP described the impact of Covid-19 on the service. Elderly care wards	

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	<p>that were fit for purpose for patients with dementia and delirium were utilised as Covid-19 wards and a whole acute ward was lost. Hip fracture patients were transferred back to the Orthopaedic service and elderly patients were scattered throughout the hospital, often being cared for by staff without specialised training. In addition, the Social Care sector experienced challenges due to red and green capacity, resulting in delayed movement.</p> <p>In terms of workforce, staff sickness and shielding have had an impact, but MPu stated that this was managed well. One of the biggest challenges has been the change to the visiting policy, resulting in patients feeling isolated and deterioration.</p> <p>One big strength of the CBU over the last year has been collaborative working, with both doctors and nurses working alongside the Respiratory and Palliative Care teams, MAIDT team and Social Services. At the beginning of the pandemic, pathways were developed with GP colleagues for nursing home residents to try and minimise the need for transport for deteriorating and subacute patients and the team contributed to the “super rota” based at the Airedale hub. This resulted in the avoidance of unnecessary admissions and is something that will be continued.</p> <p>Keeping up with staff appraisals has been difficult, but this is now being addressed. Recognition has been given to all staff for their contribution and they appreciated the thank you cards that were distributed. In addition, the Elderly Care consultants bought a pamper day voucher for every member of staff. MP expressed his pride at the Ward 29 staff, who quickly stepped up from being Elderly Care to almost High Dependency Unit (HDU) nurses successfully. He also commended the nursing staff from Wards 3 and 27. Improvement has been seen in the Stroke service, with a B scored in the latest SSNAP data figures. MPu stated that the aim is to achieve an A.</p> <p>In terms of future developments, surgical and other medical specialities are on the agenda. MPu pointed out that this model works well in other parts of the country and the CBU are currently writing a business case to support this. A day unit is proposed, which would be a one-stop clinic where patients could be assessed with the modalities delivered at home. An Advanced Clinical Practitioner (ACP) workforce has also been developed on the Virtual Ward and the team is looking to in-reach into the blue zone. Work will continue with Primary Care colleagues to develop a Hub and Spoke model.</p> <p>Work is ongoing with the Stroke Network and Airedale. An enabler for this is one clinical lead across both sites, which is being progressed. Unmet needs in Neurology are being worked through with Primary Care, as well as young people with disabilities. MPu suggested a joint venture with Airedale for a younger people rehabilitation service. Virtual services will also continue to be developed.</p> <p>AH added that a bi-weekly, multidisciplinary team meeting was held to resolve issues, which resulted in the B SSNAP data score. In addition,</p>	

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	<p>the psychological support and recognition provided to ward staff has been beneficial. There have been challenges from an outpatient perspective in terms of not being able to see patients face to face, but all patients have been followed virtually across all specialities.</p> <p>SM stated that the fact the SSNAP data has improved has relied heavily on the quality of data collection, which he described as “excellent” and commended the team’s Data Collection Manager for the quality of his work. The team are now able to predict their national audit scores before they are released, whereas in the past they were reacting to scores which were several months old.</p> <p>RS voiced the importance of the Board understanding the impact of the pandemic on this particular CBU given that an older age is the biggest determinant of risk. RS alluded to all staff stepping up and working outside their comfort zone as being required far more for this team than any other in the Trust. RS commended and thanked the team for an outstanding job over the last year.</p> <p>KD added that she has been proud of the nursing team for their focus on patient care in difficult circumstances, as well as the kindness they have shown to colleagues. She asked the team how they could maintain this going forward. MPu remarked that a number of senior nurses have worked for the Foundation Trust for over 20 years, which reflects that something has been done right. He added that working as a team is important and has helped staff through the recent times. BM added that being a strong, inclusive team is particularly applicable to the Elderly Care CBU and this is what has sustained staff. JC thanked the Foundation Trust for providing valuable support for community staff.</p> <p>MPu asserted that historically, this particular speciality is one of the most demanding and hardest to recruit to areas, but that isn’t the case for his team. SA mentioned that the work of this team has resulted in only a small number of “super stranded” patients compared to other trusts.</p> <p>PC asked if the team had reviewed their staff survey outcome and stated that team working in particular has been reflected through the CBU results. Strong performance around team working, morale and management has been noted where there has been a reduction in other areas of the Foundation Trust.</p> <p>MM summed up the standout parts of the presentation, which were the importance of therapies and potential for young disabled rehabilitation in the community. MPu thanked the Board for the positive comments and said he would disseminate this to the rest of the team.</p> <p>MM thanked the team for their contribution and SA for inviting them.</p>	
<b>Section 2a: Business from Previous Board Meeting</b>		
<b>Bo.3.21.4</b>	<p><b>Minutes of the Meeting held on 20 January 2021</b></p> <p>The minutes of the meeting held on 20<sup>th</sup> January 2021 were approved as a true and accurate reflection of the discussions and decisions.</p>	

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Bo.3.21.5	<p><b>Matters Arising</b></p> <p>The following actions from the log were reviewed and the outcomes agreed.</p> <ul style="list-style-type: none"> <li>Bo20026 - Bo.1.21.27 <b>Draft Board Workplan 2021:</b> LP to make the Equality &amp; Diversity Council update a standing agenda item. This has been done. Action closed.</li> </ul>	
<b>Section 3: Business Reports</b>		
Bo.3.21.6	<p><b>Report from the Chairman</b></p> <p>MM asked the Board to note the contents of the report which focused particularly upon:</p> <ul style="list-style-type: none"> <li>The outcomes of the Council of Governors meeting held on 21<sup>st</sup> January 2021. MM thanked the Board for the good attendance at this meeting. He also expressed thanks to MP for her updates on Covid-19 and Act as One. The next Council of Governors meeting is scheduled for the 15<sup>th</sup> of April 2021.</li> <li>Alan English, Public Governor for Bradford South, has retired. This vacancy is one of the four posts currently advertised. One seat is available for Shipley, two for Bradford South and one for Bradford West. MM asked the Board to thank Alan for the contribution he made. The election results are due to be published on 5<sup>th</sup> May 2021.</li> <li>Thanks to Jacqui Maurice, Head of Corporate Governance, for the Chair's bulletin. MM reported that an easy read version is now available.</li> <li>The Strategic Partnering Agreement (SPA). MM has been involved in a multidisciplinary group to review this. A session will be held with Health and Care colleagues on 19<sup>th</sup> March 2021 to discuss the principles of the programme. MM cited that the agreement is based on a shared set of principles and governance and doesn't remove any statutory authority the Foundation Trust has. Minor changes have been made, to ensure the document is up to date. The updated version of the SPA will be presented to the Board for approval on 20 May. MM pointed out that he has been very involved with the process, along with JH and LP and is entirely comfortable with the principles.</li> </ul> <p>JP commended the work on the easy read report and stated that it is much simpler to read and understand this version. He mentioned the issue of graphical interpretation as opposed to words. <b>ACTION: MM to circulate the document.</b></p> <p>MH asked if conversations were being had with the Academic Health Science Network (AHSN) and Health Education England (HEE) in terms of workforce to ensure an integrated plan with the local universities. PC confirmed work is ongoing with HEE and local universities in terms of training and workplans. <b>ACTION: PC to check arrangements with AHSN and feedback.</b></p>	<p><b>Chairman</b> Bo21002</p> <p><b>Director of Human Resources</b> Bo21003</p>

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	The Board noted the report.	
Bo.3.21.7	<p><b>Report from the Chief Executive</b></p> <p>MP provided a verbal report to the Board of Directors and made the following key points:</p> <ul style="list-style-type: none"> <li>• People. Covid-19 positive patient numbers are reducing and today there were 30 inpatients, of which 11 were receiving non-invasive ventilation and 6 on ITU. The rates remain quite high across the community, with 145 per 100,000 and the fifth highest rate in the country. Elective activity is being increased and a priority is changes to ward and workforce configuration allowing for the mobilisation of theatres. Getting through the backlog of patients does have to be measured against the wellbeing of staff, many of whom are exhausted. MP and MM attended an NHS Providers meeting this week, where they heard from the NHS Chief People Officer, who recognised that the expectations of restarting business as usual must pay sufficient attention to the health and wellbeing of staff to avoid burnout and staff sickness/resignation.</li> </ul> <p>MP stated that she and the Executive Management Team are working to ensure that staff feel supported and fulfilled in their working lives. The staff survey findings will be used to inform the approach to delivering the people plan over the next 12 months.</p> <ul style="list-style-type: none"> <li>• 11<sup>th</sup> March 2021 was the anniversary of the Foundation Trust receiving its first Covid-19 patients. To mark this, a presentation was made to staff on Ward 31, a painting depicting NHS staff as superheroes by the relative of a member of staff. Ward 31 was chosen as it was the first to receive a Covid-19 patient in Bradford and has been a focal point for the delivery of Covid-19 care. The Foundation Trust has now delivered over 20,000 first vaccinations to between 70 and 86% of staff. An exact figure is difficult to ascertain due to data capture issues and the fact that some staff have received their vaccination via Primary Care. Individual conversations are taking place with staff reluctant to receive the vaccination. On 8<sup>th</sup> March 2021 administration of the second dose was commenced, to be continued through April and early May.</li> <li>• Planning guidance and financial allocations. It's been an unprecedented year with the last 12 months seeing the suspension of usual planning activities. The financial allocation for the forthcoming year is still awaited.</li> <li>• Partnerships. Reflecting the reduction in the demand for Covid-19 inpatients across the region, the WYAAT Gold Command meeting has been stood down. At a place level, the Act As One approach continues at pace and Mike Hindmarsh has been appointed as substantive Programme Director, with Shak Rafiq appointed as Strategic Communications and Stakeholder Engagement Lead.</li> <li>• A White Paper regarding legislative changes was published in February. It is hoped this will make it easier for NHS bodies to work together. Bradford District and Craven welcomes this, recognising</li> </ul>	



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	<p>many of the aspirations that are the founding principles of the Act as One approach. MP has been working with colleagues from the Integrated Care System (ICS) and at place level to prepare for the changes.</p> <ul style="list-style-type: none"> <li>• New hospital plans. MP and Executive colleagues are working with design partners to develop a strategic outline case which will be reviewed by the Board in April. If this is approved, it will be submitted to NHSE/I to request funding to develop an outline business case. MP stated that this will be the start of a long journey to provide 21<sup>st</sup> century healthcare to the community and she is committed to seeing it through to conclusion. Support is being received from the local authority, commissioners and MPs.</li> </ul> <p>MM thanked MP for the useful update.</p>	
<b>Section 4: Delivery of the Trust's Clinical Strategy</b>		
<b>Bo.3.21.8</b>	<p><b>Report from the Chair of the Regulation &amp; Assurance Committee - 17<sup>th</sup> February and 10<sup>th</sup> March 2021</b></p> <p>MM thanked the Corporate Governance Team for turning these reports around so rapidly and the Board noted the documents.</p>	
<b>Section 4a: Quality</b>		
<b>Bo.3.21.9</b>	<p><b>Mental Health Strategy 2021/23</b></p> <p>KD introduced and expressed thanks to ST, who has also been leading the work around learning disabilities and dementia. ST presented this "strategy on a page", which is the culmination of around 2 years' work.</p> <p>ST explained the reduced life expectancy for patients with a mental health illness, which is approximately 20 years. Co-morbidities include higher rates of diabetes and heart disease which is related to lifestyle but also can be related to medication to treat mental illness. They are also more likely to smoke and less likely to be engaged in the community. ST pointed out that the statistic of 25% of deaths in patients with a mental illness being attributed to suicide hasn't altered much over the last 25 years.</p> <p>The four key areas of priority are:</p> <ul style="list-style-type: none"> <li>• Training. A Mental Health Practitioner (MHP) has recently been appointed and a regular newsletter is produced. Safeguarding training is being developed with a suite of courses at every level, along with areas such as conflict resolution and de-escalation. Work is ongoing around therapeutic environments and safe spaces for patients in mental distress.</li> <li>• Workforce. As well as the MHP, there are a number of Mental Health Nurses (MHN) employed by the Foundation Trust and work is taking place around embedding mental health professionals within the establishment. There is a focus on how to support staff, particularly with the background of Covid-19, to ensure they are in</li> </ul>	

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	<p>the best place to carry out their work effectively. Occupational Health is involved with this. Since 2019, student placements have been available to encourage an appreciation of the role of the MHN in acute care.</p> <ul style="list-style-type: none"> <li>• Information sharing. With the advent of EPR there have been issues around gaining access in a timely manner to mental health records due to compatibility problems between the Foundation Trust and Primary Care systems. Limited access to the mental health module on SystmOne is due to commence to enable the team to assist staff with information and an increased understanding of information sharing is being encouraged. ST shared that recent joint Serious Incident investigations with the District Care Trust have been helpful.</li> <li>• Partnerships. This involves work around shared governance with organisations such as the police, Education Service and voluntary sector. Also areas such as reducing inequalities and co-design of the service.</li> </ul> <p>ST discussed that Mental Health Act data from March 2019 to February 2020 was reviewed and revealed 39 Section 5(2) detentions (a doctor's holding power for 72 hours), for the same period 2020 - 2021, this rose to 73. Section 136 (police detentions) from February to October 2019 were noted at 221 and from February to October 2020 this rose to 314, indicating a significant increase in the presentation and acuity of patients with a mental health diagnosis.</p> <p>MHu queried how the impact of the mandatory training would be measured. He also mentioned a challenge around data input and business processes in Primary Care resulting in incorrect information flow. Conversations are starting around 2021/22 business planning in terms of digital and place and PR expressed awareness that medicines management is often not a feature of such conversations and needs to be factored in going forward.</p> <p>ST replied that what the team hope to see is the number of concerns raised about behaviour of challenge involving mental health patients reduce. Good assessment of the training will also be undertaken. PR mentioned work developing under Act As One to improve the capability of the systems.</p> <p>KW raised the issue of staff being fearful of certain patients and asked if the Security Team is trained in terms of handling such patients differently. ST responded that prior to the MHP being in post, this was done regularly as part of general training, but the MHP is now based in A&amp;E one day per week, when he focuses on concerns and peer learning. The Dementia Nurse also provides training on how to approach and respond to people and the Security Team are well embedded in this.</p> <p>MHo added that the onsite Security Team undertake a four day, bespoke de-escalation and restraint training session with annual refreshers. He stated that the Foundation Trust is in a healthy position in terms of security training.</p>	



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	<p>MM asked if ST was satisfied that there has been sufficient consultation with partners regarding the writing of the strategy. ST confirmed that close work has been carried out with the District Care Trust, but the consultation period was halted due to Covid-19 and the intention now is to restart this. One recurring issue patients raise when being cared for is the need to reiterate their story to numerous professionals and ST shared that both patients and their carers are consulted with whilst being cared for by members of her team and there are plans for more formal consultation with patients with lived experience groups in the pipeline.</p> <p>MM thanked ST for the update and the patient centered service her team provides. The Board approved the strategy and endorsed the ongoing work. MM requested a progress update in around 9 months.</p> <p><b>ACTION: KD</b></p>	<p><b>Chief Nurse Bo21004</b></p>
<p><b>Bo.3.21.10</b></p>	<p><b>Research in the Trust – March 2021</b></p> <p>This paper was produced in response to a request from the Board to be more sighted on the research activity within the Foundation Trust. RS shared that a quarterly report will be provided and it is planned that Professor John Wright and Dr Tracy Watson from the Research Team will attend Board on a regular basis to present the work in more detail.</p> <p>RS drew the Board's attention to the following points:</p> <ul style="list-style-type: none"> <li>• At the start of the pandemic there were in excess of 500 research studies in progress, but around half of these were suspended and numerous Research staff were redeployed to do frontline clinical work.</li> <li>• There were opportunities that the pandemic brought about, for example, vaccine research. Bradford was chosen as one of 4 regional hubs to trial the Novavax vaccine, with 726 volunteers. RS mentioned that he volunteered for the trial at the University of Bradford and was looked after well. Novavax was shown to be safe and effective and the licensing process is underway.</li> <li>• Last year Bradford was established as one of 5 patient recruitment centres nationally. These are aimed at making research in the NHS more effective, looking at late phase clinical research and getting research through at pace and scale. Centres were established in Bradford, Exeter, Blackpool, Leicester and Newcastle. It is planned for Professor Dinesh Saralaya, Director of the Bradford centre, to attend the next Board meeting to provide more details about the work involved.</li> <li>• The Born in Bradford programme. This involved an initial cohort of around 30,000 children born between 2007 and 2010 and monitoring them over their lifetime. The effects of Covid-19 on this cohort have been studied.</li> <li>• The Improvement Academy was approached by NHSE/I to lead some work looking at oximetry at home and Covid-19 virtual wards, both nationally and locally.</li> </ul> <p>MHu expressed thanks to RS and the team and cited fantastic research work. He mentioned the absence of research updates at Board</p>	

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	<p>meetings and looks forward to the updates, particularly metrics. RS mentioned the generous research grants available and agreed that incorporating research into clinical work will help improve recruitment, retention and patient care. RS offered to discuss this further with MHu outside the meeting.</p> <p>MM asked if there were any further comments on the subject of quality. MHu stated that the virtual Board meetings work well and as the pandemic retreats, consideration will need to be given as to how to retain such a large number of attendees.</p> <p>The Board noted and endorsed the paper.</p>	
<b>Section 4b: Finance and Performance</b>		
	<p>No items were on the agenda, but MM asked if MH or SA had anything they wished to raise.</p> <p>MH stated that a Senior Leadership Task and Finish Planning group has been established, with three workstreams focusing on capacity and demand, workforce and finance. An update was presented to the Executive Team meeting this week around the principles and aspirations, particularly from a hospital configuration perspective, looking at targeted levels of occupancy.</p> <p>SA and team are reviewing capacity and the future trajectory, to deliver upper quartile performance. Work is underway to understand the gap in terms of aligning capacity and demand.</p> <p>A draft capacity plan should be ready in 2 weeks to help facilitate the ongoing place-based planning work. The expectation is that the national planning timeframe will remain Q1 for next year. The Board and Academies will be kept up to date with progress.</p> <p>SA highlighted the key points from the dashboard:</p> <ul style="list-style-type: none"> <li>• ECS performance has been maintained and the Foundation Trust continues to deliver 86% performance, which is approximately 20% better than last year.</li> <li>• Pressure continues in terms of elective long wait patients. Work is ongoing with the independent sector, which will continue into Quarters 1 and 2 2021/22.</li> <li>• The 52 week wait position has deteriorated, with some patients at/over 104 weeks' wait. All these patients have been clinically assessed.</li> <li>• 2 week wait performance has been maintained above the standard, despite referral rates being back to pre-Covid-19 levels.</li> <li>• 62 day backlog. At the peak there were 177 patients who had waited longer than 62 days. In January this was at 76 and as of last week, SA was pleased to report a further reduction down to 43. The aim is to reduce this to pre-Covid-19 levels. Quarter 1 will be focused on treating as many Priority 2 patients as possible.</li> <li>• Diagnostics remains a challenge, particularly Endoscopy capacity</li> </ul>	

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	<p>and work is ongoing with the independent sector.</p> <ul style="list-style-type: none"> <li>Long length of stay patients. This is in a positive position, with SA highlighting the good work of the clinical teams.</li> </ul> <p>MM thanked MH and SA for the additional information.</p>	
<b>Section 4c: People</b>		
<b>Bo.3.21.11</b>	<p><b>Equality &amp; Diversity Council</b></p> <p>MP shared that the Equality and Diversity council met for the first time on 26<sup>th</sup> January 2021. The membership has been expanded and includes KW and SU from the Foundation Trust Board. The new logo was approved, as was the strapline “We are Bradford, We Value Diversity and We Champion Inclusion”. The new Terms of Reference were also approved. The majority of the meeting was devoted to a presentation centring on Healthy Hospitals, with an emphasis on the influence that institutions such as the Foundation Trust can have on the health and wellbeing of both employees and the community.</p> <p>The Staff Equality, BAME (Black, Asian and Minority Ethnic), LGBT (Lesbian, Gay, Bisexual and Transgender) and Enable (for people with disabilities) networks were also involved. Feedback was received from the Equality Focus Group, which took place on 13<sup>th</sup> January 2021. The next meeting takes place on 24<sup>th</sup> March 2021, where the group will hear from Dr Sohail Abbas, Population Health Management Lead for Act as One, on the impact of the reducing inequalities in communities programme.</p> <p>There has been a significant amount of activity across the West Yorkshire and Harrogate Health and Care Partnership (WY&amp;HP) and at place, with the launch of the Health Inequalities Academy, which received good attendance from Foundation Trust staff. A BAME Leadership Fellowship has also been launched, with two members of staff participating, Awais Habib, General Manager – Elderly, Intermediate Care, Stroke and Neurology and Faeem Lal, Associate Director of HR. MP pointed out that as a place, Bradford District and Craven (BD&amp;C) has 6 participants in the Fellowship. A workshop was held on health inequalities and population health management run by Dr Abbas, which MP participated in.</p> <p>MP stated that the aim is to understand the differences that can be made and how these can be measured. Priorities need defining and measures put against them so the Board can be assured that meaningful conversations and actions are taking place. MP proposed to share a regular written report with the Board.</p> <p>MM thanked MP for her personal leadership on this issue.</p> <p>JP remarked that Faeem Lal, Assistant Director of HR is enhancing this work well and is a good choice for the scheme. He also praised MP’s leadership. He reiterated that this work is outcome focused.</p>	

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	The Board noted the report and endorsed the ongoing work.	
Bo.3.21.12	<p><b>Improving Our People Practices – Disciplinary Practices</b></p> <p>PC advised that the purpose of this paper is to assure the Board that the Foundation Trust's disciplinary procedure has been considered against the seven recommendations from the independent review following the death of a member of staff in a London Trust in 2016.</p> <p>The first report was issued in 2019, when a shared learning event was held with staff side, resulting in some interim policy changes. PC summarised the Foundation Trust position against the seven recommendations:</p> <ul style="list-style-type: none"> <li>• To ensure that disciplinary procedures are aligned to best practice. PC confirmed that they are and have been subject to negotiation with staff side representatives and oversight by legal professionals. They are also in line with the statutory Advisory, Conciliation and Arbitration Service (ACAS) code of conduct.</li> <li>• To apply rigorous decision making methodology. PC reported that there is room for improvement in this category. The policy will be strengthened to include an initial fact finding investigation to try and reduce the number of cases progressing to a formal hearing. The personal responsibility framework will also be enhanced.</li> <li>• Training. Investigators and panel members have been trained and a new package is being designed as part of the leadership development offer. The aim is for disciplinary panels to be representative going forwards.</li> <li>• Resources. PC stated that it is a challenge to handle complex investigations in a timely way and this is an area for improvement. The plan is to strengthen the policy in terms of a time allocation to be agreed with the Line Manager and the HR Business Partner to actively manage and for a formal escalation to PC after an 8 week timescale if an investigation has not been completed.</li> <li>• Suspension and exclusion. PC reported that the Foundation Trust has strong oversight in this area.</li> <li>• Safeguarding and Health and Wellbeing. There is a process in place to safeguarding the health and wellbeing of staff who are under investigation. This will be strengthened further by a wellbeing support leaflet being developed.</li> <li>• Board level oversight. PC has oversight on disciplinary cases and RS has oversight for medical cases, with KD having oversight on nursing cases. PC is proposing to take an annual report to the People Academy and Board on disciplinary processes. In addition, it is proposed to inform the Board about all staff suspensions on a 2 monthly basis. This will be reported in the context of the number of investigations underway, data by gender, ethnicity, staff group, key themes etc.</li> </ul> <p>PC stated that policy changes will go through a formal consultation</p>	

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	<p>processes, with a revised policy in place by the 30<sup>th</sup> of June 2021.</p> <p>JP queried whether formal cases are instigated too quickly, or conversely, too slowly, allowing issues to build up, particularly related to equality. PC stated that it is a mix of the two and informed that the current data suggests men are more likely to face disciplinary proceedings and BAME staff are slightly more likely to enter formal disciplinary proceedings. There have been instances of managers failing to nip problems in the bud, resulting in the disciplinary route.</p> <p>JP also mentioned unconscious bias in terms of managers allowing staff who they favour more leeway. PC responded that there is a training gap around this, which will be built into the training package. Intervention around higher levels of BAME staff being disciplined in the form of Faeem Lal reviewing any case proposed to escalate to a formal disciplinary resulted in a drop in such cases in corporate departments and further oversight is being considered. A key priority for this year is rolling out a programme around civility and respect.</p> <p>MHu initiated a conversation around data usage and the benefit of identifying trend lines and linking data. He also mentioned that these are common issues in all organisations and offered to link PC with the work being carried out by the General Pharmaceutical Council.</p> <p><b>ACTION: MHu and PC to discuss outside meeting.</b></p> <p>KW asked if there had been an increase in unacceptable behaviour with the background of Covid-19 pressures over the last year and queried what is done in terms of root cause analyses. PC responded that the hope is the roll out of the civility and respect toolkit will reach every level of the organisation as this is a culture change programme which reinforces what is acceptable and what isn't from a behavioural perspective. Departments also have their own behavioural charters. Historically, this has been dealt with piecemeal by dealing with issues as they have arisen rather than intervening proactively.</p> <p>KD gave the example of the recruitment of healthcare workers and shared that this is a values driven process based on kindness. Learning has been gained from complaints and PALS issues.</p> <p>MP added that leadership is key and giving staff the confidence to flag inappropriate behaviour should help to avoid issues escalating. The aim is for a culture shift to communicate how certain behaviours can make others feel.</p> <p>The Board noted and endorsed the recommendations in the paper.</p>	<p><b>Non-Executive Director/ Director of Human Resources Bo21005</b></p>
Bo.3.21.13	<p><b>Staff Survey Results</b></p> <p>PC explained that the survey ran from September to December 2020 so captures the experience of staff working through the pandemic. PC highlighted the following points from the national overview:</p> <ul style="list-style-type: none"> <li>Impact of Covid-19. There were improved scores nationally for</li> </ul>	



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	<p>health and wellbeing and safety culture, but no change in Equality, Diversity and Inclusion (EDI) and staff engagement. There was also no improvement in the number of staff reporting discrimination at work. More than a quarter of staff reported bullying and harassment from patients, with 15% facing physical violence at some point.</p> <ul style="list-style-type: none"> <li>• 40.6% of Foundation Trust staff reported working in a Covid-19 area. Nationally and within the organisation, a greater number of BAME staff were reported as working in Covid-19 areas.</li> <li>• 29% of BAME staff reported being redeployed as opposed to 26% of white staff.</li> <li>• There was no difference in the data in terms of remote workers, at 27%.</li> <li>• A slightly higher proportion of BAME staff were shielding.</li> <li>• The response rate increased to 44% (around a further 500 than last year).</li> <li>• There were five areas of negative movement, which were deemed to be statistically significant, particularly in terms of immediate management and team working.</li> <li>• Staff Engagement. While the Foundation Trust remains above average in this area, the overall score has slightly reduced.</li> <li>• In terms of positive responses, there was an increase in staff feeling positive action was taken on health and wellbeing. Staff reported adequate adjustments being made for them to carry out their work and being treated fairly when involved in an error or near miss. The scores in the safety culture section were all above average and this was one of the best performing areas. Staff reported they would be happy with the standard of care if a relative or friend was treated and were confident that any issues raised would be addressed.</li> <li>• Staff friends and family questions. 68% of staff would recommend the organisation as a place to work, which remains above average compared to other acute trusts. 74.5% would be happy with the standard of care for a relative or friend.</li> <li>• BAME staff felt more likely to experience discrimination at work than white staff. There were reports of not receiving adequate support from managers and more reports of experiencing harassment and bullying from colleagues. Staff reported looking forward to work less, with a 4.7% reduction.</li> <li>• Staff said they did not receive the respect they deserved from colleagues.</li> <li>• BAME staff reported a poorer overall experience than white staff, but above the national average. Staff with a disability or long-term health condition reported a poorer experience, but there was some improvement in the metrics around reasonable adjustments and being treated equally.</li> </ul> <p>PC reported that there are differences between CBU and corporate departments, with real differences in staff experience. Online focus groups are also planned. Further data is awaited in terms of areas broken down into demographics, as are the ICS and Sustainability and Transformation Partnership (STP) benchmarking reports. A report of</p>	



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	<p>the free text comments will be available in April 2021.</p> <p>MM thanked PC for the report and asked the Board to note that the People Academy will be discussing the findings in more detail. MM requested that the action points be feedback to the Board.</p> <p><b>ACTION: PC</b></p> <p>MP expressed disappointment that the survey results didn't reflect ongoing progress in some areas. It was agreed that a lot of the staff who responded will have been working in Covid-19 areas, which will have had an impact, as will the opinions of staff who have been redeployed. MP stated that there are plans to improve all the areas of concern raised in the survey results, but acknowledged that this will take time.</p> <p>KD asked the Board to recognise the improvement in the score related to recommending the Foundation Trust as a place to work since 2016. She also mentioned a visit with MP to Ward 31, when the staff reported being in a positive place.</p> <p>The Board noted the report and next steps.</p>	<p><b>Director of Human Resources Bo21006</b></p>
<b>Section 4d: Partnerships</b>		
<b>Bo.3.21.14</b>	<p><b>NHS white paper: Integration and Innovation</b></p> <p>JH mentioned that the meeting regarding the Integrated Care Partnership taking place tomorrow will provide more information on the issues related to this paper and this item will be discussed further at the May Board meeting, when the legislation will be starting to come through.</p> <p>The bill is expected to be published in late spring and to go to Parliament for the second reading in the summer. JH offered to discuss further with colleagues offline on request.</p> <p>MM thanked JH for the paper and the Board noted the update.</p>	
<b>Bo.3.21.15</b>	<p><b>Change of representation on Board of Pathology Joint Venture</b></p> <p>JH shared that since the start of the Pathology Joint Venture two directors from each Trust involved have sat on the Board. Originally this was JH and Bryan Gill, former Chief Medical Officer, who has been succeeded by MH. It has been proposed that JH is replaced by PR given that the digital agenda is crucial at this point in the project.</p> <p>The Board endorsed the proposal for PR to replace JH as one of the two director representatives of the Foundation Trust at the Pathology Joint Venture Board.</p>	
<b>Section 4e: Audit &amp; Assurance</b>		

No.	Agenda Item	Action
Bo.3.21.16	<p><b>Report from the Audit Committee 2 February 2021 and Annual Report 2019/20</b></p> <p>BAS apologised for the delay in presenting the Annual Report to the Board and explained that this is a summation of previous years' Audit Committee reports to the Board.</p> <p>MM thanked BAS for his leadership of the Audit Committee. The Board were content with the details in the documents.</p>	
<b>Section 5: Governance</b>		
Bo.3.21.17	<p><b>Ratification of Emergency Decision – Data Centre Business Case</b></p> <p>LP commented that at the development session in February the Board was advised of an investment required for the data centre infrastructure. This was fully supported at the time.</p> <p>The Board was content to ratify this decision.</p>	
Bo.3.21.18	<p><b>NED Champion Roles</b></p> <p>MM noted that with the emergence of the Health and Wellbeing and Maternity Guardians, both of which were taken on by SU, a discussion took place with the Governors regarding how many guardian roles were available. A subsequent review of the requirements revealed 14 such roles.</p> <p>MM raised issues such as the amount of time this would take out of the NEDs usual roles and the potential emergence of “mission creep” into Executive roles. A national group has been tasked with reviewing whether these roles are particularly required. Indicative allocations to the 14 areas have been made and MM informed that there is currently no active NED involvement in each one.</p> <p>MM noted that he is involved with complaints oversight and mortality, AS has been working on procurement and JP has an interest in doctors' disciplinary proceedings.</p> <p>The Board noted the indicative allocations and ongoing discussions regarding their appropriateness.</p>	

<b>Bo.3.21.19</b>	<b>Board Work Plan 2021</b>	
	<p>LP stated that a query was raised around how regularly the Board considers the corporate strategy. This is currently scheduled for September, but may be seen more regularly going forward. The Board will also receive the ISA 260 External Audit report and their letter of representation alongside the Annual Report and Accounts. The Annual Reports from the Regulation and Assurance and Audit Committees and Academies will also be received. In addition, the Board's annual self-assessment will be included.</p> <p>MM thanked and commended LP's work on the plan.</p> <p>The Board noted and endorsed the workplan for 2021.</p>	
<b>Section 6: Board Meeting Outcomes</b>		
<b>Bo.3.21.20</b>	<b>Any Other Business</b>	
	No other business was raised.	
<b>Bo.3.21.21</b>	<b>Issues to Refer to Board Committees or Elsewhere</b>	
	There were no issues to refer to Board Committees or elsewhere.	
<b>Bo.3.21.22</b>	<b>Date and Time of Next Meeting</b>	
	20 <sup>th</sup> May 2021, 9.30am-12.30pm	

## ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 18 March 2021

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo21002	Bo.3.21.6	<b>Report from the Chairman</b> MM to circulate the easy read version of the Chairman's Report.	Chairman	20 May 2021	Circulated on 22.03.21. <u>Action complete</u>
Bo21003	Bo.3.21.6	<b>Report from the Chairman</b> PC to check if the Foundation Trust is linking in with the Academic Health Science Network in terms of workforce.	Director of Human Resources	20 May 2021	Have not been linking with AHSN. Have picked up through our Place based People Board
Bo21005	Bo.3.21.13	<b>Improving Our People Practices – Disciplinary Practices</b> MHu to link PC in with the work of the General Pharmaceutical Council around data.	Non-Executive Director/ Director of Human Resources	20 May 2021	Meeting between MHu, FL and PC set up for the 6 May 2021
Bo21006	Bo.3.21.14	<b>Staff Survey Results</b> PC to share action points with the Board.	Director of Human Resources	20 May 2021	Update on staff survey included in People Academy Chair's report to the Regulation & Assurance Committee on 11 May. <u>Action complete</u>
Bo21004	Bo.3.21.9	<b>Mental Health Strategy 2021/23</b> Update to be provided in around 9 months.	Chief Nurse	January 2022	