

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 22nd of July 2021, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 20th of May 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.

Date:	Thursday 20 th May 2021	Time:	09:30-12.20 and 14:00-15:00
Venue:	Virtual Meeting Via Microsoft Teams	Chair:	Ms Selina Ullah
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Ms Selina Ullah (SU) - Ms Julie Lawreniuk (JL) - Mr Barrie Senior (BAS) - Ms Selina Ullah (SU) - Mr Jon Prashar (JP) - Mr Mohammed Hussain (MHu) - Mr Altaf Sadique (AS) - Ms Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Dr Paul Rice, Chief Digital and Information Officer (PR) - Dr Ray Smith, Chief Medical Officer (RS) - Mr John Holden, Director of Strategy & Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr Mark Holloway, Director of Estates & Facilities (MHo) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Laura Parsons, Trust Secretary (LP) - Arshad Mohammed, Head of Chaplaincy (AM) <i>for item Bo.5.21.3 only</i> - Professor Dinesh Saralaya, Associate Director of Research (DS) <i>for item Bo.5.21.10 only</i> 		
Observers:	<ul style="list-style-type: none"> - Ms Pauline Garnett, Governor (PG) 		

No.	Agenda Item	Action
Section 1: Opening Matters		
	Chair's Opening Remarks	

No.	Agenda Item	Action
	<p>SU welcomed all to the meeting and detailed the agenda items to be considered.</p>	
Bo.5.21.1	<p>Apologies for Absence</p> <p>Apologies for absence were received from Dr Maxwell Mclean and Ms Mel Pickup.</p>	
Bo.5.21.2	<p>Declaration of Interests</p> <p>No declarations of interest were noted.</p>	
Bo.5.21.3	<p>Patient Story</p> <p>KD introduced a video from Mohammed Mansha, the brother of a patient who passed away in ITU on 21 July 2021 due to Covid-19 following admittance to BTHFT on 3 July 2021.</p> <p>Mr Mansha highlighted some positives from their experience as a family, in particular the support and comfort provided by the chaplaincy team. In addition, KD recognised that Mr Mansha was able to visit his sister alongside his nieces, and that visiting of end of life patients on ITU was not a standard nationally at that time. BTHFT was also one of very few hospitals to have a chaplaincy service in place throughout the pandemic to offer support to patients and their families. However, there were also some opportunities for improvement such as communication with family members, and the lack of accessibility to patient updates which are of particular importance during times of being unable to visit.</p> <p>AM updated that the Chaplaincy team were now looking at how to expand their services to make them accessible to all patients and families, not just those of faith. This included the provision of end of life companions to ensure that patients did not pass away alone.</p> <p>JL referred to a personal experience of a chaplain offering to see her sister who was an inpatient at BTHFT. At the time, JL had rejected this offer as she did not want her sister to believe that she was dying, and so queried how those negative connotations between Chaplaincy and death could be dispelled. AM recognised that this was a common misconception, and that a significant communication piece was needed to change the view that Chaplaincy services are only for those who are at end of life. There was also consideration being made regarding the name of the service, to something which would encompass the wider service provided by the team.</p> <p>MHu queried whether the team was sufficiently supported with their own personal wellbeing, and AM advised that the team did help to support each other, but also felt they had support from the top down at times when they have been through a particular difficult phase.</p> <p>SU thanked AM for his management of the service, and their role not only in supporting patients and families, but also in supporting colleagues</p>	

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	delivering clinical care such as at times of de-escalation of incidents on wards.	
Section 2a: Business from Previous Board Meeting		
Bo.5.21.4	Minutes of the Meeting held on 18 March 2021 The minutes of the meeting held on 18 th March 2021 were approved as a true and accurate reflection of the discussions and decisions subject to an amendment required on page 5, in the third bullet of the Chairman's Report to change the phrase 'Chairs Bulletin' to 'Members Bulletin'.	
Bo.5.21.5	Matters Arising The following actions from the log were reviewed and the outcomes agreed. <ul style="list-style-type: none"> • Bo21001 – Bo.3.21.6 Draft Report from the Chairman MM to circulate the easy read version of the Chairman's Report. Circulated on 22.03. Action can be closed. • Bo21003 – Bo.3.21.6 Draft Report from the Chairman PC to check if the Foundation Trust is linking in with the Academic Health Science Network in terms of workforce. Have not been linking with AHSN. Have picked up through our Place based People Board. Action can be closed. • Bo21005 – Bo.3.21.13 Improving Our People Practices – Disciplinary Practices MHu to link PC in with the work of the General Pharmaceutical Council around data. Meeting between MHu, FL and PC set up for the 6 May 2021. Action can be closed. • Bo21006 – Bo.3.21.14 Staff Survey Results PC to share action points with the Board. Update on staff survey included in People Academy Chair's report to the Regulation & Assurance Committee on 11 May. Action can be closed. <p>In relation to the Mental Health Strategy update which was not due to report back to Board until January 2022, JP noted the current media focus on children and young people's mental health which may be a specific topic for consideration within. He also noted his support for the 'easy read' communications which would impact positively on a large number of people.</p>	
Section 3: Business Reports		
Bo.5.21.6	Report from the Chairman The report from the Chairman was noted as read and received by the Board.	
Bo.5.21.7	Report from the Chief Executive JH referred to the report from the Chief Executive which had been	

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	<p>provided to Board for noting, highlighting the following:</p> <ul style="list-style-type: none"> • People – although the numbers of inpatients with covid-19 were decreasing, BTHFT continued to be an outlier in comparison with other Trusts in the region. The Board should be conscious that although there is a focus on restart and elective recovery, there remained to be challenges for the Trust given the need to maintain a 'red' covid ward. In addition, the Trust was seeing extraordinarily high numbers of attendance at A&E and managing that demand. • Place – the Act as One festival was underway with a recognition event planned for lunch time today. This would celebrate some of the great collaborative work taking place across the district, and a number of BTHFT colleagues were nominated for recognition. <p>In addition, SA provided further details on the current Covid-19 position, noting that there were still 4 covid positive patients in ICU, which restricted ICU availability for other non-elective or elective work. Despite the challenges around restart and recovery, the Trust continued to adhere to a strict clinical prioritisation of waiting lists. Those patients most in need of urgent or cancer treatment were being prioritised and seen at the main hospital site. In addition, the Trust continued to work with the Independent Sector to ensure capacity for less urgent patients to ensure they are also being seen and treated as quickly as possible. A robust fourth wave surge plan had been developed in case this was to be needed.</p> <p>SU queried the impact of Primary Care constraints on A&E attendances. SA advised that although the Trust was experiencing extremely high numbers of type 1 attendances, all health and care systems including GP surgeries appeared to be seeing high levels of demand. RS echoed this and recognised that the whole system was experiencing pressure. KD also highlighted that primary care services were providing a large number of covid vaccinations.. Despite the increased pressure the Trust was currently maintaining a level of resilience in terms of performance, due to the focus on same day emergency care and admission avoidance.</p> <p>KD also recognised the impact of lockdown on the over 65s cohort of the population, with research findings demonstrating that a number had suffered detrimentally in terms of increasing levels of frailty and decreasing mental capacity. This exacerbating of pre-existing and chronic health conditions meant that often patients needed further assessments following their pre-op assessment as their condition had deteriorated further.</p> <p>The report was noted by the board.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Bo.5.21.8	Report from the Chair of the Regulation & Assurance Committee - 11th May 2021	

No.	Agenda Item	Action
	The report from the Regulation and Assurance Committee on 11 th May 2021 was noted as read and received by the Board.	
Section 4a: Finance and Performance		
Bo.5.21.9	<p>Operational and Financial Plan 2021/22 Q1 & Q2</p> <p>MH referred to the presentation which had been brought to the Board for noting. He highlighted the following key issues which were captured within:</p> <ul style="list-style-type: none"> • The plan aligned to national priorities and was structured into three sections: demand and capacity, workforce, money • The organisational plan would be submitted to the ICS, who would then consolidate and provide NHS England and Improvement with a singular ICS plan submission • A detailed assessment of activity capacity had been undertaken, adjusted for demographics, seasonality and the transitional changes seen through Covid-19 • The plan evaluated the ability to secure the elective recovery fund, which was set against a baseline of 19/20 activity levels • In terms of workforce, the key themes within the plan aligned with the national NHS People Plan • New models of working were being reviewed, including the embracing of the apprentice model • As yet, no financial guidance was available for the second half of the year • Overall ICS plan is to break even, and so each individual organisation had submitted a break even plan albeit with risks • If the Trust were to revert back to long term planning assumptions for the second half of the year, there would be a downturn in income plans and so would be a need to explore an efficiency reduction plan <p>MH also updated that for April, the Trust was on plan to deliver against the plan financially, but in terms of operationally, the assessment was not complete and was unlikely to be finalised until July when all activity has been correctly coded.</p> <p>JL noted that the Board had not been asked to approve the financial and operational plan as had been done in previous years. MH advised this was not required for the first half of this year although the Finance and Performance Academy had been made aware of the more detailed figures. He anticipated that a formal approval process would be required for the second half of the year. Despite not formally approving the plan, it was noted that the Board would still hold the Trust to account to deliver against this submission.</p>	
Section 4b: Quality		
Bo.5.21.10	<p>Patient Recruitment Centre</p> <p>SU welcomed DS to the meeting, who had joined to provide the Board with an update on the Patient Recruitment Centre (PCR) at BTHFT.</p>	

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	<p>DS gave an overview of the presentation which provided the Board with a background of PRCs, noting that Bradford was one of 5 such 'test bed' centres across the country dedicated to commercial research. Given the high levels of chronic disease and deprivation in Bradford, he recognised the opportunity the PRC gave to the population in bringing novel research and therapies to those most in need. The PRC had also provided Bradford with the opportunity to partake in the Novavax trial, and as a result, the Bradford team had been the 3rd highest recruiter to the trial in the UK (out of 26 total sites) with 726 participants recruited to take part.</p> <p>MHu thanked DS for the helpful update and queried how the Board may be kept apprised of research progress, suggesting the use of a dashboard. RS advised that the Research team had such a wide variety of projects that this made it difficult to keep the Board abreast of every one, but that regular updates would continue to be provided to the Board, recognising the importance of visibility of this. DS would also seek to provide regular data updates to the Board on the success and patient impact of projects post-trial.</p> <p>During the presentation DS highlighted a number of potential risks in the medium to long term to the Trusts research work and patient recruitment centre which required a strategic response. SU acknowledged this and requested these risks are considered as part of the trusts' research strategy refresh with the input of the board.</p> <p>JH referred to recent discussions on the refresh of the corporate strategy, noting that when this was previously reviewed, the Trust aimed to be a national exemplar for research and it was felt that this had now been achieved and fulfilled. However, research would still play a part of the refreshed strategy in terms of articulating the next steps for research and what benefits it has for our population.</p> <p>SU sought clarity on the links between the Born in Bradford research and the work of the PRCs. DS advised that most PRC studies are aimed at those aged 18 and over, and the oldest cohort of Born in Bradford children were 13/14 years of age. However, paediatric research was a target area for the PCR and so there could be an opportunity to promote adolescent research and connect into Born in Bradford. He would seek to make these connections and report back to the Board as appropriate.</p> <p>DS invited the Board to visit the PRC when suitable and once covid restrictions were lifted. It was agreed that this could be a topic for a future Board Development session and should be discussed further at the October meeting.</p> <p>The presentation was noted by the Board.</p>	<p>Bc210015 Associate Director of Corporate Governance</p>
Section 4c: People		
Bo.5.21.11	Equality & Diversity Council	

No.	Agenda Item	Action
	<p>PC introduced the paper which sought to provide Board with an update on the work of the Equality and Diversity Council (EDC) to date.</p> <p>PC noted that the EDC was made up of a number of colleagues including staff network representatives and Non-Executive Directors, and the vision for the Council was to advance workforce equality and tackle the wider health inequalities in the district. The focus of the Council was linked with not only the NHS People Plan, particularly in relation to the belonging and inclusivity agenda, but also with the wider West Yorkshire and Harrogate Health and Care Partnership in terms of the Race review findings and recommendations, implementing phase 3 of the NHS response to Covid-19, and in tackling health inequalities.</p> <p>The council had met on three occasions, with the most recent being on Monday 17th May. The paper detailed the key issues and priorities discussed at the first two meetings, with the third meeting due to be reported to the next Board meeting in July.</p> <p>PR recognised that there were links between the EDC and a piece of work on inclusive digital transformation, and he agreed to discuss this further offline with PC.</p>	<p>Bc210016 Chief Digital and Information Officer</p>
Section 4d: Partnerships		
Bo.5.21.12	<p>Strategic Partnership Agreement</p> <p>JH gave an overview of the paper in relation to the Strategic Partnership Agreement (SPA) which had been brought to Board for approval. JH advised that the SPA had been updated and refreshed to reflect current working arrangements in the system, but there were no fundamental changes from the previous version. He also noted that following publication of the Integration and Innovation White paper, a more comprehensive review of the SPA would be undertaken to ensure it supports the development of an Integrated Care Partnership for Bradford District and Craven.</p> <p>JL queried if the SPA was in a standardised template format, and JH advised he did not believe there was such a template available, but would discuss with colleagues whether there was a 'best practice' template for use during the third revision of the document.</p> <p>The Board approved the revised SPA.</p>	<p>Bc210017 Director of Strategy and Integration</p>
Section 4e: Audit & Assurance		
Bo.5.21.13	<p>Report from the Chair of the Audit Committee – 6 April 2021</p> <p>The report from the Audit Committee on 6th April 2021 was noted as read and received by the Board.</p>	
Section 5: Governance		
Bo.5.21.14	Learning from Covid-19	

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	<p>JH introduced the draft report which had been brought to Board for any comments. There will be further changes as the draft goes through quality assurance. The intention is to publish alongside the Trust's annual report, probably in July.</p> <p>There was some discussion around the possibility of making further reference to research in the report, particular following earlier discussion at Board. JH advised that this would be considered but recognised the importance of ensuring the report remained balanced in content.</p> <p>SU suggested that the report also make reference to the permanent changes made as a result of learning from Covid-19 and JH agreed that it would be useful to include this within the final report, and so would feed this back to the author.</p> <p>JH invited any further comments back to LP by the end of May.</p>	<p>Bc210018 Director of Strategy and Integration</p> <p>Bc210019 All</p>
Bo.5.21.15	<p>Constitution Amendments</p> <p>LP gave an overview of the paper which sought Board approval of the amendments to the Trust constitution prior to progression to the Council of Governors. LP advised that the constitution was last reviewed and approved in January 2018, and that the majority of the amendments were proposed to improve clarity, change all references from Monitor to NHS England and Improvement, and to ensure it remains aligned with the model core constitution.</p> <p>The Board approved the paper for progression to the Council of Governors.</p>	
Bo.5.21.16	<p>Self-Certification of Provider Licence</p> <p>LP introduced the paper which sought Board approval of the three declarations in relation to the self-certification of Provider Licence. LP advised that all Foundation Trusts were required to annually self-certify their compliance with the Provider Licence, and the Trust intended to declare full compliance with all conditions.</p> <p>The Board approved the declarations as detailed in the paper.</p>	
Bo.5.21.17	<p>NED Independence Test</p> <p>LP gave an overview of the paper which sought Board confirmation of the position that all NEDs meet the Independence Test.</p> <p>The Board confirmed this position.</p>	
Bo.5.21.18	<p>Compliance with NHS FT Code of Governance</p>	

No.	Agenda Item	Action
	<p>LP introduced the paper which sought Board approval of the compliance statement with regards to each provision within the NHS FT Code of Governance. The Trust intended to declare full compliance with the Code.</p> <p>The Board approved the compliance statement detailed in the paper.</p>	
Bo.5.21.19	<p>Governance Review Update</p> <p>LP gave an overview of the paper which sought Board approval of the Regulation and Assurance Committee Annual Report and the updated Terms of Reference for both the Regulation and Assurance Committee and the Audit Committee.</p> <p>The Board noted the report and approved the updated Terms of Reference.</p>	
Bo.5.21.20	<p>Annual Fire Safety Report</p> <p>MHol introduced the report which had been brought to Board to note and was taken as read.</p> <p>SU sought an update on building cladding given the recent media interest as a result of a number of fire incidents. MHol advised that the Trust had been mandated to undertake a level of fire safety testing on all cladded buildings which had been completed. However, the testing showed that there was no further action required as the cladded buildings within the Trust met the required standards.</p> <p>The Board noted the report.</p>	
Section 6: Board Meeting Outcomes		
Bo.5.21.21	<p>Any Other Business</p> <p>Data Security and Protection Toolkit</p> <p>LP advised the Board that the data security and protection toolkit was due to be submitted at the end of June and would require Board approval. Given that there was no Board meeting in June, this would be submitted for approval via the urgent decision process and then ratified at the Board meeting in July. The Board noted this decision.</p>	
Bo.5.21.22	<p>Issues to Refer to Board Committees or Elsewhere</p> <p>There were no issues for onward referral.</p>	
Bo.5.21.23	<p>Date and Time of Next Meeting 22nd July 2021 9:30am</p>	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 20 May 2021

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo210019	Bo.5.21.14	Learning from Covid Report Any further comments or suggestions for inclusion in the Learning from Covid Report to be provided back to Laura Parsons by end of May 2021.	All	June 2021	<u>Action closed</u>
Bo210018	Bo.5.21.14	Learning from Covid Report The report to include reference to permanent changes made by the organisation as a result of covid.	Director of Strategy and Integration	July 2021	We have put more emphasis on how the positive changes are being embedded. The draft is currently with Medical Illustration for graphic design and we will circulate a refreshed draft for information. The original intent was to publish alongside the annual report in July but DHSC has now slipped that date to September, so we are likely to publish this report sooner, ie when we launch our “Caring Through Covid” commemorative project (online and then a physical location in the hub next to BRI main entrance) – <u>action closed</u>
Bo210016	Bo.5.21.11	Equality and Diversity Council An offline discussion to be held regarding the links between the EDC and a piece of work on inclusive digital transformation.	Chief Digital and Information Officer	July 2021	
Bo210015	Bo.5.21.10	Patient Recruitment Centre Discussion around a possible visit to the PRC to be held at the October Board Development Session.	Associate Director of Corporate Governance	October 2021	
Bo21004	Bo.3.21.9	Mental Health Strategy 2021/23 Update to be provided in around 9 months.	Chief Nurse	January 2022	

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo210017	Bo.5.21.12	Strategic Partnership Agreement Discussion to be held with colleagues across the system regarding whether a 'best practice' template for the SPA exists for use during the third revision of the document.	Director of Strategy and Integration	April 2022	

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