

**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 18th November 2021, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 23rd September 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 23 September 2021	Time:	09:30-15:00
Venue:	Virtual Meeting Via Microsoft Teams	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Julie Lawreniuk (JL) - Mr Barrie Senior (BAS) - Mr Altaf Sadique (AS) - Ms Karen Walker (KW) - Mr Mohammed Hussain (MH) - Mr Jon Prashar (JP) - Professor Janet Hirst (JHi) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Mel Pickup, Chief Executive (MP) - Ms Karen Dawber, Chief Nurse (KD) - Dr Ray Smith, Chief Medical Officer (RS) - Mr John Holden, Director of Strategy & Integration (JH) - Mr Sajid Azeb, Chief Operating Officer (SA) 		

In Attendance:	<ul style="list-style-type: none"> - Ms Pat Campbell, Director of Human Resources (PC) - Mr Mark Holloway, Director of Estates & Facilities (MHo) - Dr Paul Rice, Chief Digital and Information Officer (PR) - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Katie Shepherd, Corporate Governance Manager (KS) - Mr Chris Smith, Deputy Director of Finance (CS) - Ms Jane Kingsley, Lead Allied Health Professional (JK) and Laura Booth, Quality Lead for Patient Experience (LB), for agenda item Bo.9.21.3 - Patient Story - Ms Rosie McEachan, Born in Bradford Director (RM) for agenda item Bo.9.21.12 – Research Activity in the Trust - Ms Sara Hollins, Director of Midwifery, for agenda item Bo.9.21.15 - Maternity Services Update (July & August) - Ms Karen Piotr, Chair of Organ Donor Committee (KP), James Morgan, Clinical Lead (JM) and Razdy Igasan, Specialist Nurse in Organ Donation (RI), for agenda item Bo.9.21.18 – Organ Donation Update - Ms Caroline Nicholson, Head of Non-Clinical Risk (CN), for agenda item Bo.9.21.32- Health & Safety Annual Report 2020-21 - Mr Graeme Holmes, Information Governance Manager (GH), for agenda item Bo.9.21.34 - Annual Data Protection Officer Information Governance Report - Ms Stephanie Hattersley (SH), shadowing Non-Executive Director
Observers:	<ul style="list-style-type: none"> - Ms Vikki Thwaites (VT), Assistant Inspector, Care Quality Commission - Ms Caroline Chapman (CC), Mr Dermot Bolton (DB) and Mr David Wilmshurst DW), Trust Governors

No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair's Opening Remarks</p> <p>MM welcomed JHi to her first Board meeting and pointed out that JL was attending her first meeting as Deputy Chairperson and Senior Independent Director.</p> <p>MM also welcomed KS, Corporate Governance Manager, to the meeting.</p> <p>MM complimented the Academy leadership on their improvement work and PC's team for the communication around the staff survey.</p>	
Bo.9.21.1	<p>Apologies for Absence</p> <p>Apologies were received from Matthew Horner, Director of Finance, who was represented by CS, Deputy Director of Finance. Apologies were also received from Laura Parsons, Trust Secretary/Associate Director of Corporate Governance.</p>	
Bo.9.21.2	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
Bo.9.21.3	<p>Patient Story – AWOC (Ageing Without Children)</p> <p>KD provided background to the story and shared that a growing number of people are supported by AWOC. A video was shown documenting</p>	

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	<p>LJ's story. LJ explained that she lived alone, had no family support and had not been offered sufficient support at home following an accident. She subsequently put in a complaint to the Foundation Trust detailing how she felt she hadn't been listened to.</p> <p>LB shared that she has had numerous conversations with LJ and AWOC and emphasised the importance of raising awareness of patients without family support. LB has put together a learning programme on AWOC and joint working is taking place with Bradford Council. JK highlighted a change in patient pathways, with a referral to the Community Therapy Team for patients with ongoing needs at home.</p> <p>JP commented that he was impressed by the attitude of LB and JK in relation to openness and learning and stressed the importance of overcoming unconscious bias in becoming a kind and inclusive organisation.</p> <p>MH stated that this isn't an issue he had previously considered and thanked LB and JK for highlighting it. He queried if this is an area which needs to be covered in a Foundation Trust policy.</p> <p>JHi mentioned the importance of listening to what patients say. MP stated that this issue fits in with the desire of the Foundation Trust to create an ethos of kindness and support through its community partnerships and queried if there was a local branch of AWOC.</p> <p>RS stated that the question of support at home is asked at preoperative assessments, but not enough is done to explore an alternative for those patients who lack this. It was agreed that an increasingly ageing population means that more patients are likely to be in a similar situation in the future.</p> <p>LB confirmed that AWOC spreads across the country and there is a branch in Bradford. JK stated that there are known gaps in community services, but work is ongoing to close these.</p> <p>KD stated that she is assured the team are taking this forward in the appropriate way.</p> <p>MM thanked LB and JK for their input and informed them they have the full support of the Board in taking this issue forward.</p>	
Section 2a: Business from Previous Board Meeting		
Bo.9.21.4	<p>Minutes of the Meeting held on the 22nd of July 2021</p> <p>The minutes of the meeting held on the 22nd of July 2021 were approved as a true and accurate record of the discussions and decisions.</p>	
Bo.9.21.5	<p>Minutes of the Regulation & Assurance Committee Meeting Held on the 13th of July 2021</p> <p>The minutes of the meeting held on the 13th of July 2021 were approved</p>	

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	as a true and accurate record of the discussions and decisions.	
Bo.9.21.6	<p>Matters Arising</p> <p>The actions from the log were reviewed and the following outcomes agreed.</p> <ul style="list-style-type: none"> • <u>Bo210020 - Bo.7.21.14 Strategic Staffing Review</u> - Action closed. • <u>RC21010 RC.7.21.23 People Academy Chair's Report</u> - Action closed. 	
Section 3: Business Reports		
Bo.9.21.7	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report, which focused particularly upon:</p> <ul style="list-style-type: none"> • The key outcomes from the Council of Governors meeting. The joint Annual General Meeting and Members Meeting will now take place on the 12th of October. • A thank you to Executive colleagues for the briefings contained in the Chairman's bulletin. • Congratulations to Catherine Shutt, Assistant Director of Human Resources, on her contribution to the recent Non-Executive Director Discussion Forum. <p>The Board noted the report.</p>	
Bo.9.21.8	<p>Report from the Chief Executive</p> <p>MP provided a verbal report to the Board and made the following key points:</p> <ul style="list-style-type: none"> • People - all hospital sites remain very busy, particularly A&E, with numbers reaching pre-Covid-19 levels. There is also a backlog of elective patients. There continues to be a high number of Covid-19 patients, many requiring intensive care. The number peaked at more than 60 over the last 4 weeks and today stands at 43. The vaccination programme is due to be extended to 12 to 15 year olds and a booster programme is due to be commenced. A challenging winter period is predicted. <p>The first two Hospital Management Meetings have taken place for clinical leads to have a conversation with the Executive Management Team regarding the challenges and priorities for the organisation. The focus is currently on addressing the backlog of elective patients and keeping patients safe.</p> <ul style="list-style-type: none"> • Place - The Quarter 1 assurance visit from the ICS and NHSE/I took place on the 4th of August. MP attended the launch of the Root out Racism campaign on the 23rd of August, which was well 	

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	<p>attended by civic and public leaders.</p> <p>An expression of interest has been submitted to NHSE/I for the Foundation Trust to be part of the New Hospitals programme. An overarching expression of interest has also been submitted by Bradford District and Craven detailing the ambitions of all three providers to improve their visible estates.</p> <p>Helen Hirst, Accountable Officer for the Bradford and Craven Clinical Commissioning Group, has announced her retirement in April 2022. It has been proposed that MP takes over the role subject to an approval process.</p> <ul style="list-style-type: none"> Partnerships - MP continues to attend ICS and WYAAT meetings and also represents Bradford and Craven in terms of work around the legislative changes in the Health Bill due in April 2022. MP also attended a stakeholder group as part of the recruitment for the Chair of the West Yorkshire and Harrogate ICS. <p>JP queried how patient safety is being ensured in light of the long waiting times, how ambulance response times are being monitored and if there are issues with patients leaving the department before being treated.</p> <p>RS responded that at a recent Executive to CBU meeting with Urgent Care concerns were raised around patients staying longer than they should, which has been reflected at other trusts. SA, KD and RS visited A&E yesterday to discuss the issues. Actions were agreed and they plan to re-visit in a month's time. RS acknowledged the good performance in A&E despite the myriad of challenges.</p> <p>RS detailed the prioritisation categories of patients and stated that good progress was being made with the sickest, but Priority 3 & 4 patients are waiting longer than they should. A Theatre Prioritisation Review Group meet twice weekly to allocate resources at an individual patient level and longer waiting patients have individual reviews by the clinical team, including a harm review. Harms identified have been minimal.</p> <p>SA pointed out that community partners are important in managing long waiting patients and the Foundation Trust couldn't do this effectively without the support of Social Care and Multi Agency Integrated Discharge Team (MAIDT) colleagues. Formal SITREP reports are circulated throughout the day to reflect the total patient numbers and wait times and an OPEL score is assigned to trigger actions. There has been an increase in handover delays, but the Foundation Trust remains a positive outlier and work is ongoing to improve this.</p> <p>MM thanked MP for the update.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: Finance & Performance		
Bo.9.21.9	Report from the Chair of the Finance and Performance Academy	

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	<p>JL highlighted the pertinent points of the report:</p> <ul style="list-style-type: none"> • Effectiveness review – the two main areas of focus were the need to improve scrutiny of learning and improvement opportunities plus more interaction from the Non-Executive Directors on financial areas. Improvement plans for Performance and Finance will be reviewed from October. • The hardwork throughout the organisation to sustain performance targets was commended. • A break-even financial position has been forecast for the first 6 months of the year. • Conversations have taken place around working with the CBUs in Half 2 to maintain performance. • Place and wider West Yorkshire work was also discussed. <p>The Board noted the report.</p>	
<p>Bo.9.21.10</p>	<p>Emergency Preparedness, Resilience & Response and NHSE Core Standards</p> <p>SA highlighted the main point of the report:</p> <ul style="list-style-type: none"> • There are two acts the Foundation Trust is required to comply with; the Civil Contingencies Act 2004 and the NHS Act 2006. Self-assessment against the core standards needs to be submitted. This year the organisation is being assessed against 48 out of 64 standards given the impact of the pandemic. • It is proposed that by the 29th of October the Foundation Trust will be substantially compliant against the standards. Fully compliant against 46 and partially compliant against 2. • An Oxygen Supply return also needs to be submitted. SA assured the Board that work has been done around additional VIE tanks and monitoring processes. By December all medical gases policies need to be updated to reflect this. • The two areas of partial compliance are Standard 20 – concerning shelter and the ability to evacuate whole sites. Work is ongoing with the North East and Yorkshire Evacuation Task and Finish Group, with a completion date of June 2022 anticipated. • In terms of chemical, biological, radiological and nuclear threats, A&E staff would ordinarily be required to be up to date with training, but this was paused during Covid-19. The aim is 75% compliance by December 2022 and the training is now back online. • The finalised position will be submitted to the Finance and Performance Academy on the 29th of October. <p>SA expressed confidence that progress is being made in terms of compliance with the standards.</p> <p>The Board noted the work undertaken and the Foundation Trust's</p>	

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	<p>position. The Board were content to delegate authority to the Finance and Performance Academy to provide the final submission.</p> <p>MM thanked SA for the summary.</p>	
Section 4b: Quality		
Bo.9.21.11	<p>Report from the Chair of the Quality Academy</p> <p>KD highlighted the main points of the report:</p> <ul style="list-style-type: none"> • Strategic risks relating to staffing patients in mental health crisis now feature on the Quality Academy's risk register. • Work is ongoing around human factors training and the restart of audit and NICE guidance work. <p>MH has had discussions with the Quality Team around making adjustments to the way the Academy is run and how to embed the National Patient Safety 9 Key Priorities into the workplan.</p> <p>MM mentioned Annex 2, the Adult and Child Safeguarding Annual Reports. KD reported that both are very positive and will be discussed at the Quality Academy. RS added that a Quality Strategy is to be developed.</p> <p>BAS requested an update on the SSNAP stroke performance rating. RS confirmed that the Foundation Trust's current rating is B, which is a significant improvement.</p>	
Bo.9.21.12	<p>Research Activity in the Trust</p> <p>MM welcomed RM to the meeting. RM shared a slide presentation regarding the Born in Bradford research programme.</p> <p>A discussion was had around the impact of the Covid-19 pandemic on children.</p> <p>JHi queried whether the interest in clinical academic careers was growing. MH asked how effective the Foundation Trust is at utilising learning to inform decisions.</p> <p>RM shared that the Foundation Trust hosts a number of placements and works with the Universities of Leeds and Bradford to provide undergraduate placements for clinical and non-clinical students. Born In Bradford works closely with the local authority, public health and service delivery teams to allow their findings to inform decisions.</p> <p>RS stated that improvement is needed in collaborative working with other trust partners.</p> <p>Links are being strengthened and work is ongoing with the Hospital Research Committee, working with Leeds to get academic clinical leaders in place.</p>	

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	MM thanked RM for the update.	
Bo.9.21.13	<p>Infection Prevention and Control Quarter 4 Report</p> <p>KD shared that this report is mainly focused on Covid-19. The main areas of risk relate to ventilation and an increase in MRSA and MSSA infections.</p> <p>The Board noted the report and approved the recommendations.</p> <p>MM thanked KD for the report.</p>	
Bo.9.21.14	<p>Hospital Onset COVID-19 Infections</p> <p>RS shared a presentation regarding learning from outbreaks and deaths in care.</p> <p>The focus was on the lessons learned from Covid-19. Investigations were cohorted to identify themes. Two investigations took place; one regarding hospital acquired Covid-19 deaths and one regarding hospital acquired Covid-19 outbreaks. RS pointed out that Bradford was in the top quartile in terms of low levels of hospital acquired infections.</p> <p>Actions taken include the establishment of the PPE Hub, embedding infection prevention and control and heatmapping.</p> <p>MM enquired about assurance regarding the criteria for of hospital acquired cases. RS confirmed that this was NHSE/I directed and consistent across the country.</p> <p>The Board noted the report and MM thanked RS for the information.</p>	
Bo.9.21.15	<p>Maternity Services Update (July & August)</p> <p>MM reminded attendees that JP is the current Maternity Champion and JHi has significant experience in the Maternity and Obstetric areas.</p> <p>SH highlighted the key areas of the update:</p> <ul style="list-style-type: none"> • Significant challenges in the Neonatal Operating Department, which is impacting on the Maternity Service in terms of transfers for babies. • Staffing difficulties due to a national shortage of midwives, offset by the Ockenden recommendations, meaning although more funding has been allocated, there is a lack of suitably qualified individuals to fill the posts. • Increased staff absence due to the ongoing pandemic. • In relation to the recent Birthrate + report, the service's top priority is recruiting a further 12.56 to the establishment. The longer term plan is to achieve 100%, which will require 32. SH stated that the 12 is an achievable figure. 	

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	<ul style="list-style-type: none"> • Significant bereavement and sickness leave over recent months, which has impacted on the ability to carry out clinical reviews within 72 hours. SH pointed out that each case has had a thorough review and this should improve shortly as staff return to work and as a result of further investment into the consultant body. • One stillbirth was recorded in July and five in August, which triggered a conversation with KD as Executive Lead and a thematic review. No significant trends emerged. The current number for September is four and early indications don't reveal any similarities between the cases. SH shared that positive feedback has been received from the CQC. • Two babies required cooling in July, one meeting the HSIB criteria. There were none in August. Numbers have been steady between 0 and 1 this year. • One Maternity serious incident was recorded in July, which was the above mentioned case and one in August relating to a delay in sepsis treatment. Two are ongoing, both HSIB cases. • A thematic study was carried out on neonatal deaths, resulting in the same process being followed for neonatal deaths and stillbirths. • A neonatal serious incident was reported in July concerning a blood transfusion error. There were none for August. Five investigations are ongoing and have received an extension. • 3 neonatal deaths were recorded in July, none of which had an expected positive outcome. One was recorded in August of an extremely premature baby. • The Maternity Champion meetings continue to be well attended and beneficial. • Transformation work continues with the help of the Outstanding Maternity Service (OMS) Team. The theatres build work is on-track. Service impact has been noted with out of action rooms, impacting on capacity. • The OMS workstream continues. SH drew attention to the Maternity Voice Partnership (MVP), which cited the service as a beacon of excellence for work with BAME and vulnerable communities. Good support has been received from the MVP. • The Cerner upgrade is progressing well, but staffing challenges are predicted nearing go-live as staff attend training sessions. • A positive meeting was held with the Maternity Support Programme team, who provided positive feedback. • Pop-up Covid-19 vaccination clinics in Maternity settings have been well received. • The Maternity Incentive Scheme was submitted in July with full compliance. Service pressures have been escalated nationally and it is predicted that the submission date for Year 4 will be pushed back. <p>JP expressed concern about being unable to spend time in the department due to Covid-19.</p> <p>JHi queried if there was a plan in place to enable the current workforce to</p>	

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	<p>raise expectations around midwifery standards for students and future workforce.</p> <p>JP asked why there was more red appearing in the trends on performance in the Improvement Plan. KD confirmed that none of the red areas are critical and mostly concern implementing guidelines and training. This has been done, but the audit needs to catch-up.</p> <p>JL queried if the labour ward was closed due to staff shortages and how many patients were impacted if so. SH confirmed that it was, with two diverts in July and two plus three attempted diverts in August. There was an increase in births and complexity in August. There have also been some bed blocking issues, but patients are cohorted when possible. The Foundation Trust is not an outlier in this area and neighbouring organisations are experiencing the same issues.</p> <p>KW mentioned staff wellbeing and questioned how the team were being supported. SH shared that additional leadership support has been put into challenging shifts and it is ensured that a Band 8 is available to support senior midwives on-call out of hours. In addition, the Bed Manager role has been extended to weekends and Specialist Midwives have been picking up clinical work. An open forum is held to share solutions and preceptorship offers are to be increased</p> <p>SH remarked that focus on the revised standards has recently picked up pace. Benchmarking is needed internally and upcoming discussions are planned with Bradford University. SH stated that the position is likely better than it looks, but the team have been unable to come together to review. ACTION: SH and JP to meet before the next Safety Champions meeting.</p> <p>KD mentioned a recent successful Act As One event around Maternity and that SH has been contacted by other organisations for advice on improvement. There was very good feedback from the recent NHSE/I follow-up visit and discussions are being held with the CQC as to how the service can exit the improvement programme.</p> <p>MM thanked SH for her leadership and attendance at the meeting. The Board noted the papers.</p>	<p>Bo21021 Head of Midwifery/ Non-Executive Director</p>
<p>Bo.9.21.16</p>	<p>COVID-19 Vaccination Programme</p> <p>KD shared that second doses continue to be given and the vaccination has started to be given to 12-15 year olds who are clinically extremely vulnerable. From next week it will be offered in schools to all 12-15 year olds.</p> <p>The flu campaign has begun and the Covid-19 booster campaign is due to start next week.</p> <p>The Board noted the update and MM thanked KD for the report.</p>	

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Bo.9.21.17	<p>NHS Patient Safety Strategy – Patient Safety Specialists</p> <p>RS provided an update to the strategy published in 2019.</p> <p>The Quality Academy and Strategy will be aligned to the 9 key themes. To note is the change of the name of the Quality Academy to the Quality and Patient Safety Academy. There were initially 4 Patient Safety Specialists appointed, but it has been decided to have just one individual in the role supported by others.</p> <p>The Board noted the update and approved the recommendations. MM thanked RS for the information.</p>	
Bo.9.21.18	<p>Organ Donation Update</p> <p>MM welcomed KP, JM and RI to the meeting.</p> <p>RS pointed out that this is Organ Donation Week and praised the leadership of KP. The team presented a slide presentation detailing the work of the service.</p> <p>JM confirmed that there have been no recorded cases of Covid-19 infection following a transplant and RI confirmed that Covid-19 infection is a definite contraindication for transplant. JM shared that local chaplains have done good work with the long standing engagement of ethnic minorities and the Muslim Council of Britain advocates organ donation. The team is currently targeting young people to address difficult conversations.</p> <p>KP shared that the team are trying to roll out an education programme that the NHS Blood Transfusion Service offer for Key Stage 1-5 and are hosting engagement events at colleges.</p> <p>MM thanked the team for attending the meeting and their work.</p>	

Section 4c: People	
Bo.9.21.19	<p>Report from the Chair of the People Academy</p> <p>PC shared the two issues that the People Academy agreed to cite the Board on; staffing pressures and sickness absence.</p> <p>A discussion took place at the People Academy regarding the increased demands impacting on staff, particularly focusing on the Nursing and Medical workforce.</p> <p>There has been an upturn in sickness absence rates, particularly short-term sickness. The Foundation Trust is not benchmarking well against other trusts, with its position similar to the Bradford District Care Trust. A joint piece of work is underway with the Care Trust to explore the absence data trends and possible solutions.</p> <p>PC drew the Board's attention to the Workforce Report, which details workforce indicators and recruitment, Human Resources and Organisational Development activity and gives a good overview.</p> <p>The Board noted the report and MM thanked PC for the update.</p>
Bo.9.21.20	<p>Equality & Diversity Council Update</p> <p>MP informed that issues discussed at the last meeting included considering the wider context in which patients live and work to better influence their experience, the Root out Racism movement and listening to the work of the networks, which are the Race Equality Network, Enable Network and LGBT+ Network. The key objective currently is to build up the membership of these networks.</p> <p>JHi asked if there had been any staff requests about other available networks. MP stated that she would welcome any ideas and shared that Thrive is due to be launched in October, which is a complete package of wellbeing initiatives.</p> <p>PC shared that gender equality focus groups have recently been held focusing on the gender pay gap. The idea of setting up a women's network has been raised and consultation is ongoing. Better integration of the existing networks with others at Place level is also being explored.</p> <p>The Board noted the contents of the report and support the proposed areas of work. MM thanked MP for the update.</p>
Bo.9.21.21	<p>Looking After Our People</p> <p>PC stated that staffing pressures continue to have an impact with staff feeling tired and stressed, impacting on morale. An increase in low level grievances around inappropriate behaviours and people not being respectful to each other has been noted. There has also been an increase in sickness rates, with the most common reason cited as anxiety and depression.</p>

	<p>Clear messaging has been circulated around health and wellbeing and the importance of taking breaks and annual leave. PC emphasised the importance of ensuring that staff don't feel pressured to work extra shifts.</p> <p>The Executive Management Team visiting areas in person has been appreciated by staff. Additional out of hours senior nurse cover has been initiated to support staff and facilitate difficult conversations when staff need to be moved.</p> <p>Small measures include adequate water and snacks available on wards, up to Occupational Health support, counselling and psychological support services being accessible. 1:1 wellbeing conversations are also being encouraged. The Foundation Trust has invested in new staff change facilities and improved junior doctor mess facilities.</p> <p>MM complimented the team on the Wellbeing Wednesday bulletins. MM suggested a deeper look at staff sickness themes at the People Academy. KW shared that there has been an increase in Freedom to Speak Up submissions, with harassment and bullying noted as themes. MM commended the Executive Management Team on the attention given to this area.</p> <p>MM thanked PC for the update.</p>	
<p>Bo.9.21.22</p>	<p>Strategic Nursing and Midwifery Staffing Review</p> <p>KD pointed out that the process of pulling this review together has changed and thanked the teams for their assistance. She highlighted the salient points of the review. All recommendations were approved at the Executive Team Meeting on the 6th of September 2021:</p> <ul style="list-style-type: none"> • Bed changes since January 2020. There are currently approximately 20 less beds, which are spread over more wards and the acuity of the patients is different. • Ward 18 (General Surgery) – it has been recognised that additional support is required on the assessment unit. Overnight major Head and Neck patients can become disorientated so additional HCA support is being put into the night shifts. The cost is £225k. • Elderly Care – lockdowns have resulted in deconditioning in the elderly population, leading to an increase in conditions such as frailty and delirium and there has been an increase in harms, such as falls and pressure ulcers. The ask is an increase in HCA numbers 24/7 to support all non-acute elderly care beds. The cost is £512k. • Ward 7 (Downstream Acute Medicine) – this ward tends to admit patients who are the most complex to manage behaviourally. The ask is one extra HCA and the cost is £57k. • Ward F7/F8 (Renal) – it was found that nurses were undertaking housekeeping duties so the ask is one Housekeeper at a cost of £25k. 	

	<ul style="list-style-type: none"> • Ward 28 (Orthopaedics) – this ward houses fractured neck and femur patients, who are often elderly and confused. The ask is a temporary increase in night HCAs at a cost £169k. • Ward 16 (Gastroenterology) – this ward had had pressures relating to patients with liver problems, alcohol withdrawal and vulnerability. There has also been an increase in security incidents and acuity. The ask is for increased qualified staff and HCAs on nights at a cost £642k. • Summary Data – other areas have requested increased staffing numbers, but on investigation it was found that they weren't always staffed to optimum numbers and needed to do so before being granted extra staff. • Respiratory – This houses the sickest Covid-19 patients and was split into green and red zones at the start of the pandemic. The ask is various extra staff at a cost of £1,208,000. • Critical Care – The plan is to skill mix Band 7 staff with no cost. • Neonatal Unit – there are a number of vacancies and it is proposed to recruit to these first then look at additional investment over the next 2 years. KD noted that the unit has received significant investment over the last few years. • Radiology – there is more need for nurses partly due to the transfer of Vascular services. The ask is to increase staffing by 1.5 WTE at a cost £61k. • Surgical Daycase Unit – it is planned to staff this from within the bedbase of reconfigured wards and establishment now set at no additional cost. <p>KD explained that the methodology for the review is agreed nationally and all trusts are required to do so. Electronic rostering allows the pulling out of acuity data on wards, harms are then reviewed, staff spoken to and professional judgement applied. For this review SA, Matthew Horner and their teams have met to challenge and agree the asks.</p> <p>CS stated there are no anticipated difficulties in funding the increased staffing and some is already factored into the current run rate. Uncertainty remains regarding the funding regime for 2022/23, but if the investments are proved they will need to be worked into financial plan.</p> <p>KD shared that the areas of Neonatology, Urgent and Emergency Care, Postoperative Medicine and Acute Surgery require business case development to support the review.</p> <p>The Board approved the recommendations and cost proposals. MM thanked KD for the information.</p>	
Bo.9.21.23	Service and Staffing Pressures in Acute Services and Critical Care Discussed under item Bo.9.21.22	

<p>Bo.9.21.24</p>	<p>Partnerships Dashboard</p> <p>JH shared that his team are working with the Business Intelligence Team to adapt some of the dashboard headings.</p> <p>The Board noted the document and MM thanked JH for the update.</p>	
<p>Bo.9.21.25</p>	<p>Update on Integrated Care System and Place Developments</p> <p>JH informed that the legislation is currently going through Parliament and the new approach is expected from April 2022.</p> <p>MM thanked JH for the update.</p>	
<p>Section 4e: Audit and Assurance</p>		
<p>Bo.9.21.26</p>	<p>Board Assurance Framework & High Level Risk Register</p> <p>JH pointed out that all the quality assurance are unchanged since the last Board meeting, but some strategic risks have changed in score.</p> <p>As there were no Academies in August, the risk register is coming straight to Board from the Executive Team Meeting. One new risk has been added relating to the Pharmacy Aseptic Unit. The age and condition of this facility requires risk mitigation and planning.</p> <p>The Board noted the documents and MM thanked JH for the update.</p>	
<p>Bo.9.21.27</p>	<p>Report from the Chair of the Audit Committee – 27 July 2021</p> <p>The Board noted the report and MM thanked BAS for the update.</p>	
<p>Bo.9.21.28</p>	<p>Report from the Chair of the Charitable Funds Committee – 6 July 2021</p> <p>The Board noted the report.</p>	
<p>Section 5: Strategy</p>		
<p>Bo.9.21.29</p>	<p>Corporate Strategy</p> <p>JH shared that discussions have taken place around removing this item from today’s agenda as it required further conversation and work. It is proposed that the Executive Directors and Non-Executive Directors meet to discuss how the strategy is shaped.</p> <p>The Board agreed to defer this item to November.</p>	
<p>Section 6: Governance</p>		
<p>Bo.9.21.30</p>	<p>Governance Review Update</p> <p>JH confirmed that the workplans for Board and the Academies been revised to reflect the dis-establishment of the Regulation and Assurance</p>	

	<p>Committee. The interim review of the Academies was largely positive, raising points about formal external membership and the importance of learning and improvement and will be reviewed again in 2022. All Academy Terms of Reference have been revised to reflect the Non-Executive Director chairmanship and the Quality Academy version will be updated to reflect the new meeting title i.e. including patient safety.</p> <p>Virtual meetings will be continued, but options for hybrid meetings, with some attending in person, are being explored. Opportunities for the Non-Executive Directors to spend time on-site are also being sought.</p> <p>MM commended the Governance Team on the establishment and management of the Regulation and Assurance Committee.</p> <p>The Board noted the updates and MM thanked JH for the information.</p>	
Bo.9.21.31	<p>Risk Management Strategy Review – Update</p> <p>JH confirmed that this review is ongoing. An update is scheduled to be presented to the Audit and Assurance Committee in October, then a session will be held to look at the risk escalation process and reformatting of the BAF. The final version will then be submitted to Board in November. Non-Executive Director involvement is welcomed and a separate session will be held to facilitate this.</p> <p>The Board noted the update and MM thanked JH for the information.</p>	
Bo.9.21.32	<p>Health & Safety Annual Report 2020-21</p> <p>MM welcomed CN to the meeting.</p> <p>MHo stated that the report summarises the key risks to achieving the objectives and provides a risk rated overview of the status of compliance. It also sets out the risk profile and governance structures with Health and Safety legislation and highlights areas for further compliance and improvement. An action plan will be devised from the findings, which will be the focus of the Health and Safety Committee.</p> <p>The Board approved the action plan and MM thanked MHo and CN for the update.</p>	
Bo.9.21.33	<p>Premises Assurance Model (PAM) Progress Report – July 2021</p> <p>MHo shared that this report demonstrates governance around the management of safe premises. This report identifies a high level of assurance.</p> <p>The Board noted the continued progress of the application of the PAM model and MM thanked MHo for the update.</p>	
Bo.9.21.34	<p>Annual Data Protection Officer Information Governance Report</p> <p>MM welcomed GH to the meeting.</p> <p>PR stated that the approach to information governance is due to be</p>	

	<p>tightened going forward and a governance piece will be incorporated into the Brilliant Basics programme.</p> <p>GH highlighted the main points of the report:</p> <ul style="list-style-type: none"> • The Data Security Protection Toolkit was submitted on time with all standards met. This received a favourable audit report. • Three reportable incidents were noted for this year, which were isolated events and no action was taken by the Information Commissioner. The overall number of incidents was decreased from last year. • The target of 95% was exceeded in terms of mandatory training. • There has been an increase in data sharing requests involving organisations moving towards shared care models and this is expected to increase further. • Good relationships have been established with the Bradford District and Craven workstream. • Communications will be circulated around the Brilliant Basics programme in November. A new information asset register has been developed, which it is hoped will go-live in the next two months. <p>The Board noted the report and MM thanked GH for the update.</p>	
Bo.9.21.35	<p>Use of Trust Seal</p> <p>JH shared that an annual list is provided of all the times the Trust seal has been used. There were 11 instances between December 2020 and September 2021.</p> <p>The Board noted the update and MM thanked JH for the information.</p>	
Bo.9.21.36	<p>Council of Governors Engagement Policy</p> <p>JH stated that this policy describes the process by which the Council of Governors can escalate a concern to the Board. The document has recently been tidied up and references added to NHSE/I. Governors have been involved with the update.</p> <p>The Board approved the revised document and MM thanked JH for the update.</p>	
Section 7: Board Meeting Outcomes		
Bo.9.21.37	<p>Any Other Business</p>	
	<p>No other business was raised.</p> <p>MM stated that he will review the amount of content for future Board meetings.</p> <p>MM thanked the observers of the meeting and noted the good attendance.</p>	

Bo.9.21.38	Issues to Refer to the Board Academies or Elsewhere	
	There were no issues to refer to the Board Academies or elsewhere.	
Bo.9.21.39	Date and Time of Next Meeting	
	18 November 2021 9.30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 23 September 2021

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo21021	Bo.9.21.15	Maternity Services Update (July & August) Sara Hollins and Jon Prashar to meet before the next Safety Champions meeting.	Head of Midwifery/Non-Executive Director	November 2021	Meeting took place 5.11.21
Bo21004	Bo.3.21.9	Mental Health Strategy 2021/23 Update to be provided in around 9 months.	Chief Nurse	January 2022	
Bo21015	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	January 2022	To be considered as part of the board development plan for 2022.