

## 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 November 2021, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 23<sup>rd</sup> of 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.

<b>Date:</b>	Thursday 18 November 2021	<b>Time:</b>	09:30-13:50
<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>- Professor Janet Hirst (JHi)</li> <li>- Mr Mohammed Hussain (MHu)</li> <li>- Ms Julie Lawreniuk (JL)</li> <li>- Mr Jon Prashar (JP)</li> <li>- Mr Altaf Sadique (AS)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Ms Karen Walker (KW)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Mr Sajid Azeb, Chief Operating Officer (SA) up to 12pm</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Mr John Holden, Director of Strategy &amp; Integration (JH)</li> <li>- Mr Mark Holloway, Director of Estates &amp; Facilities (MHo)</li> <li>- Matthew Horner, Director of Finance (MH)</li> <li>- Dr Paul Rice, Chief Digital and Information Officer (PR)</li> <li>- Dr Ray Smith, Chief Medical Officer (RS) up to 12pm</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Laura Parsons, Trust Secretary/Associate Director of Corporate Governance (LP)</li> <li>- Ms Katie Shepherd, Corporate Governance Manager (KS)</li> <li>- Mr Tim Gold, Director of Operations (TG) from 12pm</li> <li>- Ms Sarah Freeman, Associate Director of Nursing (SF)</li> <li>- Ms Sara Hollins, Director of Midwifery (SH) for Bo.11.21.10 – Maternity Services Update</li> <li>- Rishi Khanna (RK), Marianne Downey (MD), Bashir Ahmed (BA), Andrew Baker (AB), Tom Lawton (TL), Cordy Gaubert (CG) and Sarah Cooper (SC) for Bo.11.21.3 – Getting to know the CBU</li> <li>- Judith Connor (JC) and Jo Hilton (JHil), Patient Safety Specialists for Bo.11.21.12 – Patient Safety Specialists Update</li> <li>- Professor John Wright (JW), Director of Research for Bo.11.21.13 – Bradford: City of Research</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- Helen Wilson, Staff Governor</li> <li>- Stephanie Hattersley, shadowing NED (SH)</li> </ul>		

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<b>Section 1: Opening Matters</b>		
	<p><b>Chair's Opening Remarks</b></p> <p>MM welcomed all attendees to the meeting. MM wished to endorse the efforts of Executive colleagues and provided a special thank you to the following individuals in particular:</p> <ul style="list-style-type: none"> <li>- SA and JH for their significant input into the recent development session delivered for the Board of Directors.</li> <li>- JH for the session delivered on 9 November in relation to Strategy that was welcomed by all present.</li> <li>- MH, PR and Aubrey Sitch, Scan4Safety Programme Manager for delivering a very useful session for NEDs in relation to the Scan 4 Safety Programme.</li> <li>- KS for her excellent production of the reports on behalf of the Academy Chairs.</li> </ul>	
<b>Bo.11.21.1</b>	<p><b>Apologies for Absence</b></p> <p>Apologies were received from Professor Mel Pickup, Chief Executive.</p> <p>It was noted that SA and RS will be leaving the Board meeting at 12pm in order to attend the HSJ Awards Ceremony. SA explained that James Taylor, Director of Operations has been shortlisted in the category of Clinical Leader of the Year and the Trust has been shortlisted in the category of Acute Sector Innovation for the Covid Heat Mapping work. Becoming a finalist is a huge achievement in itself as there were over a thousand entries.</p>	
<b>Bo.11.21.2</b>	<p><b>Declarations of Interest</b></p> <p>No declarations of interest were noted.</p>	
<b>Bo.11.21.3</b>	<p><b>Getting to know the CBU – Critical Care/Anaesthesia &amp; Pain</b></p> <p>MM welcomed Rishi Khanna (RK), Marianne Downey (MD), Bashir Ahmed (BA), Andrew Baker (AB), Tom Lawton (TL), Cordy Gaubert (CG) and Sarah Cooper (SC) to the meeting. RS introduced the team and explained that the work of critical care has always been significant but particularly over the last 18 months. RS is incredibly grateful for the fantastic work the team undertake on a daily basis and was proud to see how well they have looked after each other as well as patients.</p> <p>The team delivered the presentation and explained how they prepared for the pandemic and worked with other teams such as physiotherapy and respiratory teams to get systems and processes into place. This included developing a training programme which was delivered for Trust clinicians as well as health partners across the district to ensure a multi-disciplinary response to the challenges faced. The team disseminated information through various methods including social media. The team has faced significant challenges from the beginning of the pandemic and</p>	

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	<p>throughout subsequent waves of Covid-19. The pandemic has had an impact on staff wellbeing which has resulted in high levels of fatigue, stress and burnout as well as physical illness whilst the team has also faced staffing pressures due to sickness absence and vacancies. The team kept themselves motivated by supporting each other and through strong leadership as well as the generous support from the public.</p> <p>One of the priorities now for critical care is to continue to manage Covid-19 effectively whilst facing the challenges it brings for the foreseeable future. The team aims to help each other to recover whilst maintaining strong team work and with a focus on recruiting to vacancies.</p> <p>TL talked about the use of CPAP in order to help improve outcomes. This involved building a team to deliver CPAP safely on a large scale outside of the Critical Care unit with staff deployment for a seven day service whilst ensuring patients remained at the heart of everything.</p> <p>RS wanted to again thank the team for all the work they have done and wanted to stress the scale and speed of the mobilisation to ensure the Trust was ready to manage patients as effectively as possible – the team worked tremendously at a significantly challenging time.</p> <p>MHu asked what more can be done to manage Covid-19 knowing that it is air borne. TL commented that is essential to protect staff and one of the things to maintain is to continue with allocated red zones as well as ensuring ventilation is effective. New data and studies are being undertaken in relation to filtration and this is something the Trust may need to explore for some of the older estate.</p> <p>JL commented that the team has been an excellent example of working as one and has demonstrated the values of the Trust. Focus needs to be given to ensuring vacancies are filled and the wellbeing of staff needs to remain a priority.</p> <p>JP asked what can be learnt from the team in relation to effective team building which they have been a fantastic example of. SC explained that they are an integrated multi-disciplinary team and this is embedded in their practice by making a lot of time and space for each other and also by communicating well at all times and valuing each other's opinions.</p> <p>JHi commented on the workforce gap and the immediate need and how this can be addressed through rethinking about the way resources are utilised. SC explained this is something that is discussed and it is certainly worth exploring innovative ways of working.</p> <p>When asked what the team would have on their wish list SC said provision for ICU follow up, psychology support for patients and their families and to utilise the resources available and be able to expand them to meet the demand across all areas not just those for Covid-19 patients.</p> <p>MM thanked the team on behalf of the Board for the tremendous work they have undertaken and continue to undertake. It was acknowledged</p>	

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	that this was a very powerful and insightful presentation. The team has demonstrated cutting edge science and true compassionate care through the most challenging times they have faced.	
<b>Section 2a: Business from Previous Board Meeting</b>		
<b>Bo.11.21.4</b>	<b>Minutes of the Meeting held on the 23<sup>rd</sup> of September 2021</b>  The minutes of the meeting held on the 23 <sup>rd</sup> of September 2021 were approved as a true and accurate record of the discussions and decisions.	
<b>Bo.11.21.5</b>	<b>Matters Arising</b>  The actions from the log were reviewed and the following outcomes agreed.  - <b><u>Bo21021- Bo.9.21.15 Maternity Services Update (July &amp; August)</u></b> Action closed.	
<b>Section 3: Business Reports</b>		
<b>Bo.11.21.6</b>	<b>Report from the Chairman</b>  MM asked the Board to note the contents of the report and made particular reference to:  - Governor Resignation: MM reported that Dr Kavitha Nadesalingam, Rheumatology Consultant/Honorary Senior Lecturer will be standing down from her role as Staff Governor Medical & Dental at the end of December 2021. Kavitha has recently taken on the role as Clinical Lead for GIRFT (Getting it Right First Time) and MM wished her the very best in her new role.  - MM wished to commend the governors for their recent insight and input into meetings which have also involved members of the Executive team.  JP recently visited the maternity and neonatal wards as part of his maternity champion role and wished to acknowledge the level of commitment and work being undertaken in a pressured environment. JP opened up an invitation for NED colleagues to liaise with him should they wish to raise or discuss anything in relation to the maternity department.  The Board noted the report.	
<b>Bo.11.21.7</b>	<b>Report from the Chief Executive</b>  JH provided a verbal report to the Board on behalf of MP and made the following key points:  - Guidance has been received from NHS England following the recent	

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	<p>incident at Liverpool Women's Hospital and staff are reminded to remain vigilant. As a Trust we send our thoughts to colleagues at Liverpool Women's Hospital.</p> <ul style="list-style-type: none"> <li>- People: <ul style="list-style-type: none"> <li>o Staff Thrive platform went live in October.</li> <li>o New staff changing facilities as well as the new cycling compound have been opened.</li> <li>o A number of staff have been nominated for national awards, with some of them becoming winners of awards. These are fantastic achievements that recognise the work our staff do. JH highlighted some of these: <ul style="list-style-type: none"> <li>▪ Nursing Times Award in the Technology and Data in Nursing category has been won by Charlene Brown, Plaster Technician and the Plastics Team in relation to the use of QR codes.</li> <li>▪ Nursing Times Workforce Award where the Equality Diversity and Inclusion Team were shortlisted to Diversity Team of the Year.</li> <li>▪ Nursing Times Workforce Team of the Year Award has been won by the Palliative Care Team.</li> <li>▪ Ruqiyah Miah was nominated and shortlisted for the Aspiring Colleague Award for the Race Equality Awards for the work she is undertaking across place leading the community vaccine programme.</li> <li>▪ The Chaplaincy Team, now known as SPARC won the Race Equality Awards for the category of Making a Positive Difference.</li> <li>▪ HSJ Award: James Taylor, Director of Operations has been shortlisted for the Clinical Leader of the Year Award.</li> <li>▪ HSJ Award: the Covid-19 Heat Mapping Project has been nominated for Acute Sector Innovation of the Year Award.</li> </ul> </li> </ul> </li> <li>- Patients: <ul style="list-style-type: none"> <li>o The Outstanding Theatres Services Programme commenced on 13 October with a lot of learning taken from the Outstanding Maternity Services Programme. The programme supports the team to take ownership and has been received positively.</li> <li>o The Trust has relaunched Getting it Right First Time (GIRFT).</li> <li>o A number of large capital construction schemes have now been successfully delivered including a new single isolation suite within the Accident &amp; Emergency Department and a new ICU unit on Ward 10. The new Acute Surgical Units within Wards 2 and 5 are close to completion and these will help manage flow as we head into winter.</li> </ul> </li> <li>- Bradford Place: <ul style="list-style-type: none"> <li>o The strategic capital development proposal continues to progress as part of the expression of interest made by Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust and Bradford District Care Trust for the new hospital programme which is being assessed and</li> </ul> </li> </ul>	

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	<p>scored by NHS England.</p> <ul style="list-style-type: none"> <li>○ The first ever green summit took place the previous week which coincided with the 26th UN Climate Change Conference (COP26) in Glasgow and this provided an opportunity to share what the Trust is doing in relation to its green plan.</li> <li>○ Chris Hopson, Chief Executive of NHS Providers talked about place based partnerships during the live stream of the NHS Providers Conference. JH was pleased to report that during the discussion Chris Hopson referred to Bradford as a good example to follow in relation to place based partnerships.</li> </ul> <ul style="list-style-type: none"> <li>- West Yorkshire Partnerships: MP continues to attend meetings with partners within West Yorkshire on behalf of the Bradford District and Craven place.</li> <li>- The next Board Development session on 9 December will focus on a discussion in relation to integration and change as part of ICS.</li> </ul> <p>MM thanked JH for providing the update on behalf of MP.</p>	
<b>Section 4: Delivery of the Trust's Clinical Strategy</b>		
<b>Section 4a: Finance &amp; Performance</b>		
<b>Bo.11.21.8</b>	<p><b>Report from the Chair of the Finance &amp; Performance Academy – September and October 2021</b></p> <p>JL highlighted the following key points from the report:</p> <ul style="list-style-type: none"> <li>- The Academy received a presentation proposing the introduction of an Operational Performance Improvement Plan which will provide the Academy with deep dives into one of three key areas at each meeting (Urgent and Emergency Care, Planned Care, Cancer Care). One of the biggest challenges facing the Trust at the moment is the recovery out of Covid-19. One of the trajectories as an example is that there are approximately 40,000 patients on the admitted and non-admitted waiting lists in Bradford which is a significant number. TG added that in comparison to pre-Covid data we would normally have 28,000 on the waiting list.</li> <li>- The Board was asked for approval to delegate authority to the Finance &amp; Performance Academy to sign off the H2 plan.</li> <li>- NHSE/I Core Standards Self-Assessment Submission: the Board agreed on 23 September 2021 to provide the Academy with delegated authority for the approval of the Trust's self-assessment against NHSE/I Emergency Preparedness, Resilience and Response (EPRR) Core Standards, for submission to NHSE/I on 29 October 2021. JL confirmed that the Trust is able to demonstrate compliance within 46 of the 48 standards allowing a declaration of substantial compliance. One area of partial compliance relates to CBRN training, which has been delayed due to Covid-19. There are now training sessions being held monthly and the target is 75% of staff trained by December 2022. The other area is around full site evacuation and work is underway within the region for a full site plan.</li> </ul>	



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	<p>SA made the following key points in relation to performance:</p> <ul style="list-style-type: none"> <li>- Since March 2020 there has not been a single day when the Trust has not had a Covid-19 patient within its bed base. There are currently 45 patients admitted with Covid-19 across two wards and ICU and this demonstrates the level of pressure being faced.</li> <li>- As noted in recent media reports there are significant pressures with ambulance handovers nationally and this is due to a number of competing priorities that are having an impact on the long waits.</li> <li>- Routinely the Accident &amp; Emergency Department (AED) receives 400 daily attendances on average – this is another example of the challenges and pressures being faced on a daily basis.</li> </ul> <p>The Board noted the report and agreed to delegate authority to the Finance &amp; Performance Academy to sign off the H2 plan prior to submission.</p>	
<b>Section 4b: Quality</b>		
Bo.11.21.9	<p><b>Report from the Chair of the Quality &amp; Patient Safety Academy – September and October 2021</b></p> <p>MHu highlighted the following key points from the report:</p> <ul style="list-style-type: none"> <li>- The Academy received an insightful presentation in relation to Quality in Urgent &amp; Emergency Care. The team talked about key workforce challenges faced from a quality and patient safety perspective as well as discussing the planned improvements.</li> <li>- The Academy noted that five stillbirths were reported in September. This is in addition to the five stillbirths reported in August and all ten cases have been subject to reviews to identify any immediate learning. There have been no themes noted however all cases will be investigated.</li> <li>- The Live Quality Improvement (QI) platform continues to manage and monitor QI across the Trust and the high level programmes of work. The changes made to areas of work, the outcomes and impact measures are being documented and recorded.</li> <li>- The Academy received assurances from the patient experience team following an analysis that was taken on complaint themes.</li> <li>- The Academy noted that the results from the recently published in-patient survey are disappointing. The survey was undertaken during Autumn 2020 when the Trust (and the region) was in the midst of the second Covid-19 peak. A report on the results from the survey will be provided to the Academy in November and to the Board of Directors.</li> <li>- Serious Incidents were discussed at the meeting and the Academy reviewed the learning from six incidents.</li> <li>- The Academy was assured that risks were being appropriately managed with appropriate mitigation in place.</li> <li>- MHu reported that the quality dashboard remains under review to ensure it accurately reflects the required outcomes of the Academy.</li> </ul>	

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	<p>The Board noted the report and was assured by the discussions and outcomes from the Quality and Patient Safety Academy.</p>	
<b>Bo.11.21.10</b>	<p><b>Maternity Services Update</b></p> <p>KD welcomed SH to the meeting and wished to congratulate SH and Alison Powell (Midwifery Lead) for receiving gold and silver awards for the Chief Midwifery Officer Awards – this is a great achievement and a prestigious award to receive.</p> <p>Sara Hollins presented the report and made the following key points:</p> <ul style="list-style-type: none"> <li>- A low number of harms were reported during October 2021 despite staffing pressures and high activity.</li> <li>- There was one stillbirth during October 2021 and this was escalated as a serious incident. Immediate lessons have been learnt as described in the paper.</li> <li>- An increase in stillbirths has been noted during August and September and this is being reviewed in detail following which details will be presented at a future Quality &amp; Patient Safety Academy meeting. However, it was important to note that the overall rolling total of still births during 2021 continues to reduce.</li> <li>- JP has formally commenced the role of NED Maternity Safety Champion and the improvement plan is being monitored closely with the anticipation of improving red rated areas to amber.</li> </ul> <p>JHi wished to commend the detailed and transparent reporting and in particular referred to the Ockenden assurance as evidence in relation to the risks of meeting continuity of staffing levels. SH confirmed this will be discussed at the next Continuity of Care Meeting.</p> <p>JL referred to the 50% target of reducing still births and asked about progress against the trajectory and whether it is achievable due to some of the issues being outside of our control such as patients not attending appointments. SH advised that the 50% target by 2025 is a national ambition and the Trust is progressing well against this trajectory overall.</p> <p>The Board noted the contents of the report. The Board was assured by the update provided and approved the action plans at Appendix 3 and Appendix 5.</p>	
<b>Bo.11.21.11</b>	<p><b>COVID-19 Vaccination Programme</b></p> <p>KD presented the report and made the following key points:</p> <ul style="list-style-type: none"> <li>- Roll out of the vaccines continues across the city and the “grab a jab” initiative continues to be provided at Rimmington Pharmacy, the Broadway and Jacob’s Well.</li> <li>- There has been a low uptake of vaccinations in Bradford in comparison to other cities and as a result a lot of promotional activity is being undertaken to increase take up. Uptake from pregnant</li> </ul>	



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	<p>women which is low is also being encouraged.</p> <ul style="list-style-type: none"> <li>- Governance of the vaccination programme remains in place and a weekly meeting continues to take place.</li> <li>- KD wished to acknowledge the fantastic work of Gordon Todd of the CCG who has been instrumental throughout the programme.</li> <li>- Vaccine clinics are taking place on Thursdays, Fridays and Saturdays at the Trust and uptake has been lower than other Trusts in the Yorkshire &amp; Humber area but this may be due to starting the clinics later than other Trusts.</li> <li>- Following the recent government announcement of mandating vaccines for healthcare workers attention needs to be made towards encouraging unvaccinated staff to receive their vaccines. NHS England have undertaken a comparison of their database NIVS and our vaccine records which are held on ESR and they have concluded that there are 650 staff at the Trust who have not been vaccinated. Unfortunately we do not know the names of these staff due to information governance rules and therefore work is being undertaken to determine who the staff are. PR explained the issues around the availability of data from three systems and access to this whilst adhering to information governance rules but work is being done to get the information.</li> <li>- Data shows that for non-white British males under 30 there is a 1 in 4 chance that they have not had the vaccine. The data also shows clear disparity by age and areas of high deprivation. KD agreed to circulate some detailed metrics in relation to vaccine take-up.</li> </ul> <p>JHi advised that patient facing students on placement will also be expected to be vaccinated and this may also impact on matters going forward.</p> <p>KW asked whether an increase in vaccine uptake by staff has been seen since it became mandated. KD said there has not been an increase in uptake but more staff have come forward to notify that they have been vaccinated elsewhere where this is the case.</p> <p>PC advised that national data suggests 92% of our staff have had the first vaccine which will likely be a mix of patient facing and non-patient facing staff. Informal one to one conversations will take place with staff to encourage take up and if these are not successful then a formal discussion will take place following which dismissal will occur. The Trust is keen to retain staff and would consider redeployment if this is a possibility but it is important to note that vaccinations will be a legal requirement for all patient facing roles and until the guidance is received we are unsure of the roles that will be affected and the more extensive the list the less chance of redeployment. The deadline for staff to have their first dose is 3<sup>rd</sup> February 2022.</p> <p>JL asked if other vaccinations are already mandatory for some roles and PC confirmed that the Hepatitis B vaccination is mandatory for some roles.</p> <p>KD highlighted that there will be a small amount of staff who will be exempt for medical and other reasons and it was therefore important to</p>	<p>Chief Nurse</p>

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	<p>know which staff need targeting.</p> <p>The Board noted the report.</p>	
Bo.11.21.12	<p><b>Patient Safety Specialists Update</b></p> <p>RS explained that Patient Safety Specialists are a key feature of the new Patient Safety Strategy which has been launched nationally. RS welcomed JC and JHil to present the report. JC explained that initially the Trust had agreed on sharing this role between four leaders within the organisation but as the expectations of the role developed it became apparent that in order for the Trust to meet the priorities as set out in the strategy it would require one individual to work on this agenda full time.</p> <p>JHil explained that a national job description was published by NHS England in August 2021 outlining how this role will support healthcare providers achieving the priorities whilst demonstrating impact on continuous improvement of services and quality of care. The new post holder, when recruited, will continue to be supported by the four senior leaders currently acting in this capacity. The role of the Patient Safety Specialist is a role within the organisation which will have visible leadership and will provide expert support. The Patient Safety Specialist will be trained in the National Patient Safety syllabus and one of the key deliverables will be the introduction of key patient safety training which will be available for all staff members as well as the Board of Directors. Progress of all actions and responsibilities of the Patient Safety Specialist role will be monitored through the Quality and Patient Safety Academy.</p> <p>JC talked through the nine priorities of the strategy and how the Trust is progressing through these.</p> <p>JHil explained that one of the requests is to have a NED who would lead on patient safety and would work with the Patient Safety Specialist on this agenda. MM asked what this would involve and JC explained that they would be the champion, the critical friend and also lead by example in terms of creating a culture of safety. MM agreed to discuss this with the Chief Medical Officer, and confirm which NED will undertake the role.</p> <p>KD highlighted that the new patient safety strategy is a different way of approaching patient safety through learning, understanding and sharing the learning whilst ensuring people feel confident in relation to this.</p> <p>AS commented that for safety improvement to be delivered we need a no blame culture and there need to be systems and processes in place to support and protect individuals – this may mean offering anonymity in some aspects.</p> <p>The Board noted the report and approved the following recommendations:</p> <ol style="list-style-type: none"> <li>1. The Board recognised the Chief Medical Officer as the Lead Executive for the implementation of the NHS Patient Safety Strategy.</li> </ol>	Chairperson

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	<p>2. The Board agreed and approved the change in the Quality Academy to Quality and Patient Safety Academy.</p> <p>3. The Board acknowledged the appointment of a full time standalone Patient Safety Specialist role.</p> <p>4. The Board agreed for the current Patient Safety Specialists to present to the Board of Directors at a future meeting.</p> <p>MM thanked the team for their attendance and presentation.</p>	
<b>Bo.11.21.13</b>	<p><b>Bradford City of Research</b></p> <p>MM welcomed JW to the meeting. JW provided some historical information in relation to when the Trust first became a teaching hospital and one of the obvious gaps at that time was the lack of research. JW explained that since then things have evolved considerably and the Trust is now one of three national patient safety research centres. The Bradford Institute of Research comprises of a number of specific areas including the Yorkshire &amp; Humber Applied Research Collaboration, the Wolfson Centre, the Yorkshire &amp; Humber Improvement Academy, one of five national patient recruitment centres for Covid-19 vaccinations and the Born in Bradford study. Over the last fifteen years the research centre has generated £200m through research funding. The research facility is a partnership approach within the Bradford district and one the Trust is extremely proud of.</p> <p>JW highlighted a number of challenges for which he requested support from the Board. The first was the lack of space for staff as staffing levels continue to increase. The second is access to public sector data across health and environmental services as this can be a catalyst for improvement. Lastly a request for support with prevention strategies and working across the city to increase awareness and promotion of physical activity, healthy eating and working towards prevention.</p> <p>JH referred to place as an element that can be utilised for the data request as well as promotion of physical activity and prevention. JH felt that the best mechanism for tackling this is through the Act as One Programme workstreams. The Trust has a big role to play in promoting health and we should utilise our influence to work with partners to achieve this and JH would aim to reflect this within the Trust Strategy.</p> <p>PR agreed that place can play a significant role to help achieve some of the requests. Although we are in a transition period i.e. CCGs being replaced by ICS, it is important to ensure there is a fit for purpose infrastructure.</p> <p>KD added that all the Act as One Programmes have a focus on health equality. The pandemic forced us to focus on the here and now but it is now a good time to bring the focus back to encouraging health promotion for now and the future as part of the restart drive.</p> <p>AS emphasised the importance of relying on the Trust strategy with actions to help JW with these challenges. Diabetes, obesity, chronic illness and wellbeing need to be tackled now as prevention is the key to</p>	

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	<p>helping the Trust to manage health challenges of the future.</p> <p>MHu was pleased to note the Board would receive regular updates in terms of research including some top line visibility in terms of the key research metrics and asked whether these can be integrated within the dashboard. JW was happy to look into this further as part of the regular updates.</p> <p>MM asked RS to work with JW in relation to the three challenges presented – space, data and prevention strategies.</p> <p>MM thanked JW for his attendance and the insightful discussion.</p>	
<b>Section 4c: People</b>		
<b>Bo.11.21.14</b>	<p><b>Report from the Chair of the People Academy</b></p> <p>KW presented the report and made the following key points:</p> <ul style="list-style-type: none"> <li>- The Trust continues to face staffing pressures due to retirement, sickness absence as well as redeployment.</li> <li>- There is a lot of work going on in relation to equality including a number of Gender Equality Focus Groups. Key themes identified from these focus groups include the need to increase engagement with aspiring females and to increase females in senior management roles, to explore potential blockers for women progressing including flexible working and lastly to explore the underrepresentation of men at middle levels of the organisation and to challenge the roles that were traditionally stereotyped as ‘female’ roles.</li> <li>- The Academy discussed the progress made against the 2020 NHS Staff Survey Action Plan and discussed the Trust’s launch of a Leadership Development Pathway programme which consisted of four programmes. The first two programmes had been launched and had seen good numbers of registrants.</li> <li>- The Academy was pleased to note that the Trust received a significant assurance rating following the Freedom to Speak Up audit.</li> <li>- A presentation on the Trust’s Nursing Recruitment and Retention Plan was received and noted by the Academy.</li> <li>- The Trust has launched its new employee ‘Thrive’ engagement platform which provides a one-stop-shop for offers on health, wellbeing, development, staff benefits, employee voice and recognition.</li> <li>- The Trust is not benchmarking well comparatively against other Trusts in relation to sickness absence with main reasons for absence being mental health/stress related.</li> <li>- The Academy noted an increase in the number of harassment and bullying related cases during 1 April 2021 to 30 September 2021 compared to the previous six-months, however it was noted that there had been an increase in the number of cases that were reported as ‘no case to answer’ or ‘resolved informally’.</li> <li>- A slight increase has been seen in the representation of colleagues from an ethnic minority background in senior management positions during the period.</li> </ul>	

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	<ul style="list-style-type: none"> <li>- The Academy received a presentation outlining a number of key areas of focus including a discussion related to the need for meaningful wellbeing conversations taking place with staff. Staff absence was highlighted as a potential issue throughout the winter period.</li> <li>- KW wished to acknowledge the hard work of the Human Resources Team and the Organisational Development Team who are doing a fantastic job of supporting staff during very challenging times.</li> <li>- JP highlighted the challenges within maternity particularly around midwifery staffing which are being seen nationally.</li> <li>- JP explained that the Academy continues with discussions on how the agenda is structured best to support good discussions, decisions and to receive assurance.</li> </ul> <p>MHu asked if any specific milestones could be provided in relation to the ongoing action on addressing the issue of diversity on the Board of Directors. PC explained this is about how the Trust recruits to vacancies that arise on the Board of Directors to ensure representation on the Board for the community it serves and the action was in relation to succession planning.</p> <p>MHu referred to the recent testimony of a cricket player with regards to his experience of institutional racism at Yorkshire County Cricket Club and wished to reflect on whether there was anything that can be done to support staff i.e. can we do more to listen and provide opportunities for staff to raise any concerns. PC reported that the staff survey results do demonstrate higher levels of harassment and bullying towards ethnic minority staff and an action plan is in place to address this including through the various staff networks. JP said he felt assured by the approach taken by the Executive Team and he has had some recent discussions with JH about what can be done to improve things further. JH referred to the Equality &amp; Diversity Council chaired by MP and the Freedom to Speak up Guardians who staff can approach in confidence. A lot of work is being done to make it clear that although we are a large organisation we still want to hear from people. It is important to demonstrate that action is taken where it is needed and JH felt that progress is being made in the right direction.</p> <p>MM asked where do we take the next steps and influence these discussions. PC said it will be through the Equality &amp; Diversity Council as well as the People Academy and staff networks. MM acknowledged the work of the Freedom to Speak Up Guardians and advised that they have recently been sent a letter of recognition for the work that they do, their input is valuable.</p> <p>JL referred to the flexible working plan as more staff are now working from home and asked if we are listening to what staff want and whether this is reflected within the plan. PC explained that the new flexible working policy has recently been launched and the policy makes it clear that there is now a new contractual right for employees to request flexible working. This requires people to think differently across the organisation in order to deliver the policy effectively and a number of roadshows will take place over the coming weeks to promote this as well as promotion</p>	



No.	Agenda Item	Action
	<p>of a guidance and resource pack for managers. The Board of Directors supported the encouragement of the policy.</p> <p>Healthcare Worker Influenza Vaccination Programme 2021-22 and Best Practice Management Checklist: PC reported that 40% of staff have received their flu vaccination. The target is to offer the flu vaccine to all staff with the ambition of 85% uptake by the end of February 2022. Mobile units are now being increased and there is confidence that the flu vaccination programme will get back on track.</p> <p>PC wished to inform the Board that the GMB Union are currently balloting for industrial action in relation to this year's pay award. The union is seeking a 15% pay award rather than the 3% that has been offered. Significant impact is not expected as there are approximately 28 members of staff who are members of the GMB union. In addition Unison and RCN are holding indicative ballots in relation to the pay award and further information about possible industrial action will be available in the new year.</p> <p>The Board noted the report and was assured by the work of the healthcare flu vaccination programme.</p>	
<b>Bo.11.21.15</b>	<p><b>Equality Update (WRES, WDES)</b></p> <p>The Board noted the contents of the report and approved the WRES / WDES and Gender Equality action plans.</p>	
<b>Bo.11.21.16</b>	<p><b>Looking after our people</b></p> <p>PC referred to the presentation delivered at the beginning of the meeting by the Critical Care, Anaesthesia and Pain CBU which highlighted the pressures on staff and demonstrated the importance of team work and peer support. As reiterated by Rob Webster, Chief Executive at West Yorkshire and Harrogate Partnership in his recent briefing the number one priority for Trusts should be staff wellbeing and he referred to the support and care available at individual, local and national level. PC reported that the Trust supports this and regular CBU to Executive meetings take place where health and wellbeing of staff is discussed as a regular agenda item. CBUs are reminded of how to access the support available and asked if there is anything further that can be done to assist them. PC reported that work pressures continue in both clinical and corporate areas with anxiety, stress and depression being the most common reasons for sickness absence but highlighted that interventions are available to help address this. Staff are encouraged to take their annual leave to ensure they get a reprieve from work pressures. The Trust has used the opportunity to promote wellbeing as part of the national anti-bullying week which is taking place this week. PC confirmed that a second Psychologist has now been recruited for the staff wellbeing service.</p> <p>The Board noted the update.</p>	



No.	Agenda Item	Action
<b>Section 4d: Strategy</b>		
<b>Bo.11.21.17</b>	<p><b>Corporate Strategy</b></p> <p>JH explained that publication of the refreshed Trust Corporate Strategy is now anticipated to be in the spring, and this will coincide with the formal inception of the ICS and Place Based Partnership (PBP) and the start of the new reporting year. In the meantime work will continue to refine the strategy with the opportunity to review it further in the new year. JH explained that final Board sign off for the refreshed strategy will be sought in the new year.</p> <p>BS asked if a summary of points suggested from EDs and NEDs is available and JH confirmed that all suggestions have been incorporated within the document.</p> <p>A discussion took place in relation to whether there is a need for a separate digital technology strategy. PR was keen to maintain the digital framework as part of the overall Corporate Strategy and will continue to work with JH to ensure it is reflected effectively.</p> <p>SH asked how the strategy will be delivered effectively in terms of implementation and transformation. JH explained that the details of delivery mechanism and implementation will be included within the plans and programmes of the strategy.</p> <p>SH made some observations in relation to whether the document is accessible to those it is aimed at and how the recovery plan comes into play. JH reported that contributions have been received from SA and his team but further refinement needs to be undertaken in relation to this.</p> <p>Board members approved the work to date and agreed that final approval would take place in January 2022.</p>	
<b>Bo.11.21.18</b>	<p><b>Communications Annual Update</b></p> <p>The Board noted the report.</p>	
<b>Section 4e: Partnerships</b>		
<b>Bo.11.21.19</b>	<p><b>Partnerships Dashboard &amp; Strategic Risks</b></p> <p>JH reported that partnership indicators aligned to the Trust's strategic objective continue to be met through partnership work taking place across the Trust. Governance continues to be strengthened in relation to place and MP is the place leader which further ensures that the Trust is involved where it needs to be.</p> <p>The Board was assured by the detail of the work included within elements of the dashboard.</p>	

No.	Agenda Item	Action
<b>Section 4f: Audit and Assurance</b>		
<b>Bo.11.21.20</b>	<p><b>Board Assurance Framework &amp; Strategic Risk Register</b></p> <p>JH explained that the Trust's Risk Management Strategy is currently being reviewed to ensure that the strategy and associated processes are as robust and efficient as possible, and provide the Board with the assurances required. The proposed new process recommends that risks continue to be assessed and managed at specialty, CBU and Care Group level, and that any risks with a current score of 15 or above are escalated to ETM via the monthly reporting cycle, and then onto Academies and the Board. It is also proposed that risks scoring 12 and above are reviewed at the monthly Executive to CBU meetings, to enable the monthly ETM discussion to focus on the most serious risks, with additional focus at the Executive to CBU meetings.</p> <p>BS gave his support to the revised escalation process and felt this was a sensible change.</p> <p>KD highlighted that there are a number of risks that have been on the risk register for a significant period of time therefore it has been requested that the risk is closed, reviewed with a new risk assessment and added as a new risk. These will be reviewed closely.</p> <p>The Board was assured by the level of assurance indicated for each Strategic Objective.</p> <p>The Board approved the revised risk escalation process for implementation from November onwards.</p>	
<b>Bo.11.21.21</b>	<ul style="list-style-type: none"> <li>• <b>Report from the Chair of the Audit Committee – 2 November 2021</b></li> <li>• <b>Audit Committee Terms of Reference</b></li> </ul> <p>BS asked the Board to note some minor changes to the terms of reference of the Audit Committee including the removal of reference to the Regulation and Assurance Committee which has now been disbanded.</p> <p>The Board was assured by the report and approved the terms of reference of the Audit Committee.</p>	
<b>Bo.11.21.22</b>	<p><b>Audit Committee Annual Report</b></p> <p>BS explained that the report summarises all the activity of the Audit Committee for the period July 2020 to June 2021. The report confirms that the Committee has complied fully with its Terms of Reference.</p> <p>The Board approved the Audit Committee Annual Report 2020/21 and wished to acknowledge the work of Jacqui Maurice, Head of Corporate Governance in compiling the report.</p>	

No.	Agenda Item	Action
Bo.11.21.23	<ul style="list-style-type: none"> <li><b>Report from the Chair of the Charitable Fund Committee – 9 November 2021</b></li> <li><b>Charitable Fund Committee Terms of Reference</b></li> </ul> <p>The Board approved the updated Bradford Hospitals' Charity Terms of Reference and confirmed the appointment of the following Non-Executive Directors to the Charitable Fund Committee:</p> <ul style="list-style-type: none"> <li>- Altaf Sadique</li> <li>- Julie Lawreniuk</li> <li>- Mohammed Hussain</li> <li>- Karen Walker</li> </ul>	
<b>Section 5: Governance</b>		
Bo.11.21.24	<p><b>Membership Plan</b></p> <p>MM was pleased to support the work that will be undertaken to actively engage with identified under-represented groups, young people in particular, and endorsed the actions that will be taken.</p> <p>The Board approved the Membership Plan.</p>	
Bo.11.21.25	<p><b>Bradford Hospitals' Charity ISA 260, draft Annual Report &amp; Accounts and draft Letter of Representation</b></p> <p>MH presented the draft Bradford Hospitals' Charity Annual Report and Accounts for 2019/20 and explained that there was a slight delay to presenting the accounts due to a complex transaction which has now been resolved. MH advised that the draft Annual Report and Accounts have been audited by the external auditors, Deloitte LLP and have been reviewed by the Charitable Fund Committee and by members of the Audit Committee via e-mail.</p> <p>The Board approved the annual report and accounts for 2019/20 and the management representation letter.</p>	
Bo.11.21.26	<p><b>Health, Safety and Resilience Committee Governance Proposal</b></p> <p>LP explained that it was agreed in July that the Health, Safety and Resilience Committee (HSR) would report to the Regulation &amp; Assurance Committee, however that Committee has since been disbanded and the Executive Team has therefore considered the most appropriate reporting route for the HSR Committee. It was acknowledged that although the HSR Committee's remit cuts across the three Academies, the People Academy would be the most appropriate forum given the relevance of health and safety issues to the Trust's employees.</p> <p>The Board approved the proposal that the Health, Safety &amp; Resilience Committee will report to the People Academy. The Board further noted that the Committee terms of reference would now be reviewed and approved by the People Academy.</p>	

No.	Agenda Item	Action
<b>Section 6: Board Meeting Outcomes</b>		
<b>Bo.11.21.27</b>	<b>Any Other Business</b>	
	No other business was raised.	
<b>Bo.11.21.28</b>	<b>Issues to Refer to the Board Committees/Academies or Elsewhere</b>	
	There were no issues to refer to the Board Committees/Academies or elsewhere.	
<b>Bo.11.21.29</b>	<b>Date and Time of Next Meeting</b>	
	20 January 2022, 9.30am	

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

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo21024	Bo.11.21.12	<b>COVID-19 Vaccination Programme</b> KD agreed to circulate some detailed metrics in relation to vaccine take-up.	Chief Nurse	November 2021	Information circulated on 14 January 2022. <b>Complete.</b>
Bo21022	Bo.11.21.12	<b>Patient Safety Specialists Update:</b> Request made for a a NED who would lead on patient safety. MM agreed to discuss this with the Chief Medical Officer, and confirm which NED will undertake the role.	Chairman	December 2021	Agreed that Altaf Sadique will become a member of the Patient Safety Sub-Group. <b>Complete.</b>
Bo21004	Bo.3.21.9	<b>Mental Health Strategy 2021/23</b> Update to be provided in around 9 months.	Chief Nurse	March 2022	Deferred to March 2022 due to streamlining the agenda.
Bo21015	Bo.5.21.10	<b>Patient Recruitment Centre</b> Discussion around a possible visit to the PRC to be held at the October Board Development Session.	Associate Director of Corporate Governance	March 2022	To be considered as part of the board development plan for 2022.
Bo21025					