

**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 20th of January 2022, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 18th November 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.

Date:	Thursday 20 January 2022	Time:	09:30-12:00
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) - Professor Janet Hirst (JHi) - Mr Mohammed Hussain (MHu) - Ms Julie Lawreniuk (JL) - Ms Sughra Nazir (SN) - Mr Jon Prashar (JP) from 11am - Mr Altaf Sadique (AS) - Mr Barrie Senior (BAS) - Ms Karen Walker (KW) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Mr Sajid Azeb, Chief Operating Officer (SA) - Ms Karen Dawber, Chief Nurse (KD) - Mr John Holden, Director of Strategy & Integration (JH) - Matthew Horner, Director of Finance (MH) - Dr Ray Smith, Chief Medical Officer (RS) 		
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) from 10.30am - Ms Sara Hollins, Director of Midwifery (SH) for Bo.1.22.16 – Maternity Services Update - Laura Parsons, Trust Secretary/Associate Director of Corporate Governance (LP) - Ms Katie Shepherd, Corporate Governance Manager (KS) 		
Observers:	<ul style="list-style-type: none"> - Dr Jamilla Hussain, NIHR Clinical Lecturer in Palliative Medicine – Bradford Institute for Health Research & Wolfson Palliative Care Research Centre to 11am - Virginia Mason, Senior Communications Officer (VM) 		

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

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	<p>MM welcomed all attendees to the meeting and introduced Sughra Nazir, new Non-Executive Director to the Board of Directors.</p> <p>RS introduced Dr Jamilla Hussain, NIHR Clinical Lecturer in Palliative Medicine who was a new member of staff and would be observing the Board meeting today.</p> <p>JH advised that due to operational pressures the agendas for today's Open and Closed Board had been streamlined, so that only essential business is transacted and wherever possible other items are appended for information only, or deferred until the next meeting. However the draft Corporate Strategy cannot be deferred and it has been agreed that in these exceptional circumstances the Board's approval can be obtained through correspondence. JH circulated the draft Strategy via email earlier this morning with a covering note for review. JH advised that the deadline for responses is 5pm on 3 February 2022. The completed Strategy will be presented to the Board on 10 March 2022 for ratification prior to publication.</p> <p>MM reminded the Board to refer to the Annexes appended to the agenda.</p>	
Bo.1.22.1	<p>Apologies for Absence There were no apologies of absence.</p>	
Bo.1.22.2	<p>Declarations of Interest No declarations of interest were noted.</p>	
Section 2a: Business from Previous Board Meeting		
Bo.1.22.3	<p>Minutes of the Meeting held on the 18th of November 2021 The minutes of the meeting held on the 18th of November 2021 were approved as a true and accurate record of the discussions and decisions.</p>	
Bo.1.22.4	<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>Bo21024 - Bo.11.21.12 COVID-19 Vaccination Programme</u> KD agreed to circulate some detailed metrics in relation to vaccine take-up. Slides circulated. Action complete. - <u>Bo21022 - Bo.11.21.12 Patient Safety Specialists Update:</u> Agreed that Altaf Sadique will become a member of the Patient Safety Sub-Group. Action complete. <p>MM invited RS to provide a brief overview of Annex Bo.1.22.23, Maternity Incentive Scheme – Safety Action 4. RS explained that the Clinical Negligence Scheme for Trusts settles numerous claims every year. Claims for litigation and negligence within Obstetrics are very high</p>	

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	<p>and in order to incentivise good practice and increase safety, NHS Resolution introduced the NHS Incentive Scheme which has 10 actions. If these actions are met it allows a 10% rebate on the contribution to the scheme which is a significant amount of money but more importantly a good incentive from a safety perspective. The paper demonstrates an effective system of Consultant Obstetric clinical workforce planning at Bradford Royal Infirmary to meet the required standard for safety action 4 of the Maternity Incentive Scheme Year 4. Overall the audit demonstrates good compliance and adherence to the 'Roles and Responsibilities of a Consultant' document from the RCOG and meets the requirements for compliance with Safety action 4 of the Maternity Incentive Scheme.</p> <p>The Board signed the document off by acknowledging the Women's CBU engagement with the Royal College of Obstetrician and Gynaecologist (RCOG) as stipulated in the paper along with the action plan.</p>	
Section 3: Business Reports		
Bo.1.22.5	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report and wished to make the following acknowledgements:</p> <ul style="list-style-type: none"> - MM recently met with the Council of Governors for the quarterly Chair/Governor meeting and wished to thank Executive colleagues and the Corporate Governance Team for the efficiency in which they provided information to assist him with his brief to the Governors following the quarterly Chair/Governor meeting. - MM thanked MHo for the Estates and Facilities Management briefing provided for the Chair's Bulletin to the Council of Governors. - MM was pleased to welcome Professor Zahir Irani, Deputy Vice Chancellor of the University of Bradford and author of "Bradford District's Economic Strategy" to a meeting during the previous week with some Board colleagues. Professor Irani provided an inspiring and informative presentation and MM wished to use this opportunity to thank him for his attendance. <p>The Board noted the report.</p>	
Bo.1.22.6	<p>Report from the Chief Executive</p> <p>MP provided a verbal update to the Board and made the following key points:</p> <ul style="list-style-type: none"> - Patients and People: <ul style="list-style-type: none"> o The main priority and focus over the last couple of months has been in ensuring an appropriate response to the fifth wave of Covid-19, the Omicron variant. The principal response has been to focus on protecting the population and supporting the national campaign with regards to vaccinations for which KD has taken the lead as the place based Senior Reporting Officer. o The Covid-19 vaccine is now a mandated requirement for all 	

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	<p>NHS staff that are in scope, mainly those who have patient contact. The Trust is currently presented with a significant operational risk as there are 400-500 members of staff who have not taken the vaccine and PC is leading a campaign to encourage up take. JHi raised a point in relation to the legislation which only applies in England and whether this will have an implication in terms of recruitment. PC reported that no impact has been seen yet and her understanding was that whilst there will be no legislation to cover Scotland and Wales Trusts are still being asked to mandate vaccinations to ensure there is no adverse effect on England Trusts. MP added that our focus is currently to mitigate the risk and allow colleagues the opportunity to attend information sessions in order to raise awareness and address any concerns.</p> <ul style="list-style-type: none"> ○ As directed by NHS England/Improvement (NHSE/I) the Trust reduced much of its “business as usual” activity in relation to reporting and governance in order to release capacity to respond to the anticipated surge in patients. ○ The Trust has seen an increase in the number of inpatients during the current wave and five wards have been designated as Red Covid areas. However the biggest challenge has been workforce sickness absence levels which peaked at 640 absences. This is 10% of our total workforce with 13% in registered nurses. This has impacted on the planned elective programme work as we have needed to redeploy staff from areas such as theatres to support the wards. Only the most urgent elective cases have been undertaken consisting of priority 1, priority 2, cancer and emergency time critical cases. Non-clinical staff from across the Trust have been volunteering and helping out in clinical areas and MP wished to acknowledge that she was grateful for their patience and understanding. Executive colleagues take regular safety walkarounds and this allows staff with the opportunity to say how they feel and for Executive colleagues to deal with any emerging issues. ○ The capital programme continues to progress with the Bronte Theatres (previously known as ENT theatres) now operational after some delays on the part of the contractor. The theatres have received ventilation upgrades and improvements as part of the Outstanding Theatres Programme. The planned handover of the new SDEC facility on Ward 2 and 5 was expected to take place before Christmas but this has now been delayed several times due to the building works repeatedly failing building control inspections. MP has met with the regional senior leadership team of the contractor to emphasise the urgency with which the facility is required as we are faced with the most challenging time of the year. MHo and members of the Estates and Facilities team are meeting with the contractors and site team daily to push this forward. <p>- Bradford Place:</p> <ul style="list-style-type: none"> ○ A decision was taken in December to pause the transformation work of the Act as One Programme in order to redeploy staff to support the Bradford District and Craven priorities of the Covid- 	

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	<p>19 challenges. The programme will return to business as usual in due course.</p> <ul style="list-style-type: none"> ○ Chief Executive Brendan Brown left his post at Airedale NHS Foundation Trust to take up the post of Chief Executive at Calderdale and Huddersfield NHS Foundation Trust. The recruitment process for a substantive replacement has commenced and in the interim Rob Aitchison, Chief Operating Officer at Airedale NHS Foundation Trust is acting Chief Executive Officer. MP has been asked to chair the stakeholder panel as part of the recruitment process. ○ The enactment of the legislation to dissolve the CCGs and formally devolve powers within the West Yorkshire ICS will be delayed by three months. This means that the CCG in Bradford District and Craven will remain in its constitutional role until the end of June 2022. Helen Hirst who was due to retire as the Accountable Officer has agreed to continue in the role until the end of June which provides time to begin the recruitment process for the role of Independent Chair for the Bradford District and Craven Integrated Care Board. MP encouraged Board colleagues to look at the advert and share with others. The Board wished to note their appreciation to Helen Hirst for her commitment to continue in the role until the end of June and serve the people of Bradford. <p>- West Yorkshire Partnerships:</p> <ul style="list-style-type: none"> ○ WYAAT CEOs continue to meet for the monthly Programme Executive meetings. In addition some of the command structures across West Yorkshire have been reinstated in order to respond to the challenges of the Omicron variant and the challenges it presents. ○ The Ambulance Service has been under significant pressure with some Ambulance Trusts enlisting the help of the Army. ○ MP is taking the lead role for the local maternity system. <p>JL commented that it was good to see MP as the Place based lead as she was the only Foundation Trust CEO of an Acute Trust to undertake this role. JL felt that the need for the Place and West Yorkshire providers to work together are being enhanced and this will be beneficial across the NHS as well as to partner organisations.</p> <p>MM thanked MP for the update.</p>	
Section 4: Delivery of the Trust's Clinical Strategy		
Section 4a: People		
Bo.1.22.7	<p>Report from the Chair of the People Academy – November 2021 and verbal update on current issues</p> <p>KW presented the report and made the following key points:</p> <ul style="list-style-type: none"> - The Academy received an update on the key priorities of the inclusion/belonging agenda. - The Academy had a discussion in relation to the high level risks as 	

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	<p>detailed within the paper. The risk in relation to maternity staffing was discussed in detail with particular reference to the vacancy levels within the maternity department.</p> <ul style="list-style-type: none"> - Staff turnover increased to 11.55% in October 2021 from 11.38% in September 2021. This had continued to increase month-on-month across the majority of staff groups. - Sickness absence continued to increase month-on-month with the rolling 12-month sickness absence rate reported as 6.44% as of 31 October 2021. Stress/anxiety/depression remained the top reason for absence. The Academy will receive a further update pertaining to sickness absence and any actions that the Trust will take in light of the increasing rates at the January 2022 meeting. - The Academy had a good discussion in relation to the Staffing Assurance Framework for Winter 2021 Preparedness. Staffing remains a challenge for the Trust and a significant staffing review which included the realignment of wards had been undertaken, which included the addition of over 100 new posts within the establishment. The Trust has a dedicated matron for workforce planning between the hours of 07:00 and 21:00. The Command Centre overtook the role during the night time hours, however it was noted that the Matron was based within the Command Centre to allow a constant watch on deploying staff appropriately to help manage areas with the most need depending on acuity of patients. - The Academy was advised that work was underway to plan the nursing and midwifery workforce for the future which included roles such as apprentices and nursing associates as part of a pathway leading from band 2 positions up to registered nursing level. - The Academy received a report in relation to Vaccination as a Condition of Deployment for all Healthcare Workers. The report highlighted the significant risk due to the number of staff that are not yet vaccinated. Webinars have been organised to discuss hesitancy about having the Covid-19 vaccination. - The Academy received a presentation on the Workplace Civility Programme. The highlights of the report included a consideration of what civility meant and how this would translate into behaviours, such as kindness and respect through good manners and etiquette. Research commissioned by NHS Providers in 2018 suggested that toxic behaviour cost the NHS more than £2bn per year, and if bullied NHS workers left the NHS, it would account for more than 42,000 staff. A comprehensive discussion took place regarding the approach that the Trust would need to take to carefully identify acceptable behaviours, taking cultural issues into account and challenging what is acceptable and not; and ensuring that managers have the capability to have the challenging conversations. It was agreed that this would be focused on through raising awareness of civility and the importance of it within the workplace. SN asked whether the Trust has a staff charter which demonstrates rights and responsibilities and PC confirmed that one of the actions is to develop a behaviours framework which will cover this. <p>MM thanked KW for the comprehensive update and complemented the format and content of the report.</p>	

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	<p>PC provided a verbal update and reported that sickness absence continues to be a pressure and whilst sickness levels are stabilising, they are not reducing. There is also the added pressure of children being sent home from school which impacts on staffing levels.</p> <p>PC reported that our Trust is one of the twelve Trusts in the Yorkshire and Humber region that has more than 300 staff who have not had a first Covid vaccination. Staff need to have had their first vaccine by 3 February 2022 to enable them to be fully vaccinated by 31 March 2022. The majority of staff are within the scope of the regulation due to “incidental contact” as detailed within the guidance which brings non clinical staff into scope. Obtaining data on staff who have been vaccinated outside of the Trust has been a huge challenge and the Trust has undertaken a manual task to get the relevant information. A national solution to obtaining data is unlikely be in place before 3 February. Managers have been provided with names of those staff who have declined the vaccine and 450 formal review letters have been issued to staff. Every member of staff has been offered a one to one meeting and the Trust continues to run engagement events online and face to face as well as targeted sessions to certain staff groups where there is a high number of unvaccinated staff.</p> <p>PR referred to the national system issue of data and personal health records not linking into staff records, and although there is progress being made he was disappointed that the results cannot be delivered faster.</p> <p>MHu queried the flu vaccination data which demonstrates a lower uptake than previous years. PC confirmed that flu vaccine uptake is approximately 20% lower than the previous year and this may be due to staff prioritising the Covid-19 vaccine over the flu vaccine, even though staff can have both vaccines at the same time.</p> <p>MHu referred to the data in relation to 450 staff not vaccinated for Covid-19 which equates to less than 10% of the workforce and asked whether this reflects high numbers within particular staff groups. PC explained that there is low uptake within Healthcare Support Workers which is also reflected nationally, facilities staff and Radiographers also have low uptake. KD added that a deep dive is being undertaken in order to help understand the impact this will have on wards and encouragingly there are a number of staff who have had their vaccine elsewhere and are now providing evidence of this.</p> <p>RS reported that the feedback from the recent Q and A session that was open to all staff indicated that anger was directed towards the Government for imposing the legislation and not directed towards the Trust. RS confirmed that the number of unvaccinated Medical staff is likely to be extremely low and this is mainly doctors in training.</p> <p>PC reported that staff side have been particularly supportive in terms of the approach the Trust has taken and whilst they don't agree with the legislation they are working with the Trust to encourage vaccine uptake.</p>	

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	<p>The Board noted the report and the verbal update from PC and was assured by the discussions and outcomes from the People Academy.</p>	
<p>Bo.1.22.8</p>	<p>Looking after our people</p> <p>PC provided a verbal update to the Board and made the following key points:</p> <ul style="list-style-type: none"> - The weekly Wellbeing Wednesday bulletin continues to provide details of various wellbeing initiatives and the Trust has put in place “Time to Pause” stress management sessions for staff which are running over the next few weeks. Online “Brew and a Chat” sessions are also being put in place to provide staff with a safe place to talk to others and these will be facilitated by a member of the Organisational Development team. - Formal staff counselling provision is available to all staff through the employee assistance programme as well as mental health support through the West Yorkshire & Harrogate Mental Health Hub but take up data for Bradford is low with only 17% of referrals from Bradford. PC said that the team will look into whether there are any specific barriers to staff taking up this support and also look at publicising the service more. - The Trust has also invested in staff Psychologists and CBT Therapists to take management and staff referrals to support staff. - Formal appraisals have been paused during January but managers and staff are encouraged to have wellbeing conversations in order to check in and offer any support that is required. - The Improvement Academy has published a report called “Beyond Demoralised”. Interviews were conducted with sixty health care staff between November 2019 and August 2021 about how they are feeling and what they would value. The report will be discussed further at the People Academy to help develop and improve the health and wellbeing offer. <p>MM commented that Governors are very complimentary on the efforts being made on how we are looking after our staff and are interested in take up rates of various initiatives.</p> <p>MHu made reference to the recent session with Professor Zahir Irani where he spoke of the reduction in the number of students enrolling to nursing and midwifery courses as well as the diversity mix within the nursing cohorts i.e. the lack of males within the sector and asked how this can be addressed. KD confirmed that a reduced number of applicants are being seen within midwifery but she was not sure if that was reflective of a national picture. KD explained that work is being done to link in with Bradford College and schools to engage with students to encourage nursing and midwifery take up. The other offer developed internally is in relation to skills escalators which is aimed at apprentices to advance to senior roles.</p> <p>PR highlighted that a similar approach is being taken with the University as part of digital innovation in relation to how we ensure that we have digital data professionals within the workforce particularly as</p>	

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	<p>technologies are a big part the future.</p> <p>JHi said applications across NHS professions are down nationally but there are other factors to consider. JHi reported that a lot of outreach work does take place with the younger population and the more we engage with them the better.</p> <p>The Board noted the update.</p>	
Section 4b: Finance & Performance		
Bo.1.22.9	<p>Report from the Chair of the Finance & Performance Academy – November 2021 and verbal update on current issues</p> <p>JL highlighted the following key points from the report:</p> <ul style="list-style-type: none"> - The Trust’s financial position is on track and there are no issues of concern to report. - The Performance position within the report covers the month of October. The Academy received the first deep dive into the area of Urgent and Emergency Care as part of the Performance Improvement Plan to provide oversight and assurance on progress. - Due to operational pressures the Academy is holding a shorter meeting in January and the Academy will receive an update on Covid-19 and the comparison to previous waves, and the subsequent impact on operational performance and recovery. The Academy will also receive details on the process for budget setting for 2022/23. <p>In terms of performance, SA reported that there is a big focus within the planning guidance on maximising elective activity, reducing long waits and improving performance against the cancer wait time standards. The guidance has ambitious targets for the delivery of 130% of baseline activity by 2024/25 to help reduce the backlog. There is also continued focus on delivering the Ockenden report recommendations.</p> <p>MM asked what the biggest challenge is in relation to performance. SA explained that good progress was being made with recovery prior to the Omicron wave and the Trust was ahead in its delivery plans. Although we are still slightly ahead of plan in some areas there is still a significant number of Covid-19 positive patients within the bed base which is impacting on elective activity recovery. Once this number reduces the Trust will be in a position to increase elective activity.</p> <p>MH made the following key points in relation to finance:</p> <ul style="list-style-type: none"> - The draft planning guidance was issued on 24 December 2021 and continues to be updated on a regular basis. - Overall the financial allocation is in draft format for the Integrated Care System (ICS) but overall the national figure (before Covid-19 allocations) looks to have increased by 3%, but it was important to note that the number does change on a regular basis and detailed work needs to be undertaken to understand the place and organisational implications. 	

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	<ul style="list-style-type: none"> - The ICS level draft plan needs to be submitted by 17th March 2022. - Due to the operational pressure the organisation is facing, a pragmatic approach may need to be taken to planning for 2022/23, particularly in relation to activity and workforce planning. - The final plan submission date is 28th April 2022 and a draft submission will be presented to the Finance & Performance Academy at the February meeting. - £2.3bn has been allocated for elective recovery and plans to see how this will be delivered and accessed are being formulated. - CQUINs will recommence in 2022/23, which will require the agreement of the indicators and governance framework to manage and monitor delivery. - Re-introduction of an element of activity driven payment for the elective work being undertaken. - Capital allocations: detailed allocations for 2022/23 and a baseline number for 2023/24 and 2024/25 are currently being worked through at an ICS level. <p>The Board noted the report and was assured by the discussions and outcomes from the Finance & Performance Academy.</p>	
<p>Bo.1.22.10</p>	<p>Reporting of Learning Disability within BTHFT Waiting List Data and Impact on Clinical Prioritisation</p> <p>SA referred to the decision taken by the Board in July 2021 to prioritise those patients on the waiting list with learning disabilities and explained that the paper details measures taken to explicitly and proactively identify patients with a learning disability within overall waiting list data. The paper also illustrates how clinical prioritisation of patients awaiting surgical procedures was altered as a consequence and specifies the resultant impact on overall waiting times for patients with learning disabilities.</p> <p>PR explained that the Trust has been actively working to identify the percentage of patients with a learning disability on its waiting lists through capturing this information more consistently on the Electronic Patient Record. Clinical Business Units have been furnished with the information to proactively identify patients diagnosed with a learning disability and then expedite them within their Priority cohorts. Going forward, work will continue to refine the approach as part of a comprehensive set of interventions to address the national operational guidance around addressing health inequalities.</p> <p>PR explained that the initial analysis demonstrates that in comparison with the general patient population this activity is helping ensure that on average patients with a learning disability are waiting a shorter time for high priority surgery.</p> <p>From a Medical Examiners position RS said that deaths in patients who have mental health illness or a learning disability are identified separately and this will now help aid that process further which was a benefit. For the previous three quarters there have been 5, 6 and 3 patients that fall into this category identified but for the most recent quarter 15 patients</p>	

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	<p>were identified, this demonstrates better identification of patients in this category.</p> <p>MM was pleased to see the focus of support on patients with learning disabilities and thanked SA and PR for presenting the paper. It was agreed that further updates would be provided to the Finance & Performance Academy on progress being made in relation to prioritising patients with learning disabilities. This will be added to the Academy's work plan.</p> <p>The Board noted the report.</p>	<p>Associate Director of Corporate Governance / Board Secretary Bo22002</p>
Section 4c: Quality		
<p>Bo.1.22.11</p>	<p>Report from the Chair of the Quality & Patient Safety Academy – November 2021</p> <p>JHi highlighted the following key points from the report:</p> <ul style="list-style-type: none"> - The Academy received a presentation from the newly appointed Medical Examiner for Bradford who outlined the priorities of his role and the Academy discussed the key challenges of this new important initiative which is expected to provide a valuable service to patients' families. The Trust's Learning from Deaths team will link closely with the Medical Examiner's team in the future regarding learning and implementing improvements where necessary. - The Academy received a comprehensive report on the results of the CQC National Inpatient Survey (which ran from January 2021 to May 2021) and covered the experience of patients discharged in November 2020. The Academy noted that at that time our region was at the height of the second wave of the Covid pandemic. The results from the survey which were benchmarked nationally were however disappointing. Assurance work has been underway since the survey was conducted and it is hoped that these will make a difference with regard to future results. The Academy noted the positive patient feedback received in a number of other areas and acknowledged that the results should be reviewed in context with other data. - The Academy received the Digital Bi-Annual Report and despite working through a challenging time, the digital and data team at Bradford continue to support front-line care and develop the organisation's digital capability. It was pleasing to note the progress with regard to the development of the digital infrastructure and the projects underway to enable staff to deliver daily safer care, gather information and work smarter. - Due to current operational pressures the Academy is holding a shortened meeting the following week. MHu added that the development day that was planned for the Academy for February has been deferred as the Quality team have been redeployed across the Trust. - The Academy had no new risks or matters to escalate to the Board. <p>The Board noted the report and was assured by the discussions and outcomes from the Quality and Patient Safety Academy.</p>	

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Bo.1.22.12	<p>Maternity Services Update</p> <p>MM welcomed Sara Hollins (SH), Directory of Midwifery to the meeting. SH presented the November and December update and made the following key points:</p> <ul style="list-style-type: none"> - SH reported that there has been a reduction of stillbirths in 2021 compared to 2020 and a slight increase in birth rate. A total of five stillbirths were reported for November and December bringing the total for 2021 to 25 which is a reduction on the 35 reported the previous year. The service will continue to improve the stillbirth rate by ensuring that local and national guidance is followed and embedded in practice. - One baby was treated for Hypoxic Ischaemic Encephalopathy (HIE) in November and sadly died as a result of this. - There were four neonatal deaths in November and three in December. Out of these seven deaths, three were anticipated as the babies were either extremely premature or had a life limiting condition. Three of the deaths were due to the Klebsiella outbreak of which two were very premature babies. During November the Bradford Registrar for Births and Death escalated a perceived increase in the number of neonatal deaths reported. On investigation this increase was partially attributed to an increase in the number of non-viable babies who showed signs of life prior to death within a few hours. Legally, these babies are registered as a live birth and death even though the gestation at birth is non-viable. - SH referred to Appendix 2, Perinatal Mortality Review Tool (PMRT) position which provides the quarterly update as part of Safety Action 1 of the Maternity Incentive Scheme. SH was pleased to report that some standards have been met and the remaining will be achieved by the submission date. - The service had staffing pressures during November and December which led to significant gaps in the community midwifery service. In order to ensure that safe care was maintained for all community caseloads a decision was taken to pause a number of continuity of care pathways. This decision will be closely monitored and pathways will be reinstated as staffing levels improve and it is safe to do so. - The Neonatal service has now been formalised as part of the Outstanding Maternity Services Programme and KD has asked for the launch to come to the Board meeting in March. Neonatal colleagues will also use the opportunity to report on progress made in response to serious incident investigations from the previous year as well as neonatal deaths. - SH reported that the maternity theatre build has been formally delayed and the existing mitigation will remain in place. - The Cerner project is on track for the Go Live date and due to the roll out of Cerner Maternity training during March 2022 there will be an additional staffing pressure on the service as staff are released for essential training. The Board is asked to support the proposal that, with the exception of PROMPT emergency training, all other mandatory training is paused to release staff to attend essential Maternity Cerner training, prior to the March 'go-live'. JHi asked how long the pause is anticipated for and SH confirmed it would be for 	<p>Chief Nurse Bo22001</p>

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	<p>three months from January to March. KD explained this is a similar approach in line with what the Trust has done in the past during the implementation of essential electronic systems.</p> <p>The Board supported the proposal that with the exception of PROMPT emergency training, all other mandatory training is paused during January to March to release staff to attend essential Maternity Cerner training, prior to the March 'go-live'.</p> <p>The Board approved the updated Midwifery Continuity of Carer plan as agreed with the Board Level Maternity Safety Champion.</p> <p>The Board noted the contents of the reports, acknowledged the recommendations and was assured by the update provided.</p>	
Bo.1.22.13	<p>COVID-19 Vaccination Programme</p> <p>KD explained that the slides that have been circulated to the Board demonstrate the latest Place based position as of 17 January 2022.</p> <p>The Board noted the update.</p>	
Section 4d: Audit and Assurance		
Bo.1.22.14	<p>Board Assurance Framework & High Level Risk Register</p> <p>JH presented the item and reported that all assurance levels remain the same as the previous quarter as demonstrated in Appendix 1. Appendix 2 demonstrates all high level risks with a score of 15 and above. The movement log demonstrates the risks that have closed, new risks and risks that have been changed.</p> <p>JH reminded the Board of the risk workshop which is taking place on 9 February facilitated by the Good Governance Institute. This will be a good opportunity for the Board of Directors to gain a shared understanding of the approach to risk management including risk appetite and the formulation of strategic risks, and how these will underpin a revised Board Assurance Framework in order to give the Board the proportionate and meaningful oversight it needs.</p> <p>The Board noted the high level risk register, the movement log and the summary of the ETM discussion in relation to the high level risks and was assured by the level of assurance indicated for each Strategic Objective.</p>	
Section 5: Governance		
Bo.1.22.15	<p>Bradford Hospitals' Charity ISA 260, draft Annual Report & Accounts and draft Letter of Representation</p> <p>MH presented the item and explained that the draft unaudited 2020-21 annual accounts and report for Bradford Hospitals Charity was previously presented at the July 2021 Charitable Fund Committee. The accounts</p>	

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	<p>were subsequently audited in November/December 2021 by Deloitte. The audited accounts and supporting documents have also been reviewed virtually by the Audit and Assurance Committee.</p> <p>The Board approved the 2020-21 accounts and report for the Charity and noted the ISA 260. The Board agreed to sign the letter of representation.</p>	
Section 6: Board Meeting Outcomes		
Bo.1.22.16	Any Other Business	
	No other business was raised.	
Bo.1.22.17	Issues to Refer to the Board Committees/Academies or Elsewhere	
	There were no issues to refer to the Board Committees/Academies or elsewhere.	
Bo.1.22.18	Date and Time of Next Meeting	
	10 March 2022, 9.30am	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 20 January 2022

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo22001	Bo.1.22.12	Maternity Services Update The Neonatal service has now been formalised as part of the Outstanding Maternity Services Programme. Neonatal colleagues invited to the Board meeting in March. Will also use the opportunity to report on progress made in response to serious incident investigations from the previous year as well as neonatal deaths.	Chief Nurse	March 2022	Included on March Board agenda. <u>Action closed</u>
Bo22002	Bo.1.22.10	Reporting of Learning Disability within BTHFT Waiting List Data and Impact on Clinical Prioritisation Further updates would be provided to the Finance & Performance Academy on progress being made in relation to prioritising patients with learning disabilities. This will be added to the Academies workplan.	Associate Director of Corporate Governance/Board Secretary	March 2022	Added to F&P Academy at 6 monthly intervals. <u>Action closed</u>
Bo21004	Bo.3.21.9	Mental Health Strategy 2021/23 Update to be provided in around 9 months.	Chief Nurse	May 2022	Deferred to May Board meeting.
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/Board Secretary	May 2022	To be considered as part of the board development plan for 2022, when site visits are able to take place.
Bo22003					