

**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 10<sup>th</sup> of March 2022, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 20<sup>th</sup> of January 2022 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 10 March 2022	<b>Time:</b>	09:30-14:00
<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>• Ms Julie Lawreniuk (JL)</li> <li>• Ms Sughra Nazir (SN)</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>• Professor Mel Pickup, Chief Executive (MP)</li> <li>• Mr Sajid Azeb, Chief Operating Officer (SA)</li> <li>• Ms Karen Dawber, Chief Nurse (KD)</li> <li>• Mr John Holden, Director of Strategy &amp; Integration (JH)</li> <li>• Matthew Horner, Director of Finance (MH)</li> <li>• Dr Ray Smith, Chief Medical Officer (RS)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>• Ms Pat Campbell, Director of Human Resources (PC)</li> <li>• Mr Mark Holloway, Director of Estates &amp; Facilities (MHo)</li> <li>• Dr Paul Rice, Chief Digital and Information Officer (PR)</li> <li>• Ms Sara Hollins, Director of Midwifery (SH) for Bo.3.22.9 – Maternity Services Update</li> <li>• Dr Carolyn Robertson, Clinical Director/Consultant Obstetrician (CR), Dr Sam Wallis, Consultant Neonatologist (SW), Dr Helen Jepps, Clinical Director/Consultant Paediatrician (HJ), Kay Rushforth, Associate Director of Nursing for Children and Neonatal Services (KR), Alison Powell, Midwifery Lead-OMS (AP) for Bo.3.22.9 – OMS Programme &amp; Neonatal Services</li> <li>• Mrs Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP)</li> <li>• Ms Katie Shepherd, Corporate Governance Manager (KS)</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>• Ms Sarah Smith, Senior Communications Officer</li> </ul>		

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<b>Section 1: Opening Matters</b>		
	<p><b>Chair's Opening Remarks</b></p> <p>MM welcomed attendees to the meeting. MM wished to acknowledge the worrying situation in Ukraine and on behalf of the Board of Directors he recognised the extreme stress some staff will be going through due to that and other conflicts around the world and wished to share that the Board's thoughts are with them.</p> <p>MM wished to share his condolences following the sad passing of Alan English who was a former Governor with the Trust. MM advised that he will be attending a memorial service on behalf of the Trust in recognition of Alan's life.</p> <p>MM wished to record his acknowledgements to Paul Whitaker, Consultant Respiratory Physician who is leading on the Trust's response to long Covid and thanked him for recently attending a session with the Board of Directors to share the current position.</p> <p>MM thanked PR for his recent presentation to Non-Executive Directors in relation to digital developments. This covered an overview of the national and regional perspective as well as covering the local priorities within the Trust.</p>	
<b>Bo.3.22.1</b>	<p><b>Apologies for Absence</b></p> <p>Apologies were noted from Mr Mohammed Hussain, Non-Executive Director (MHu).</p>	
<b>Bo.3.22.2</b>	<p><b>Declarations of Interest</b></p> <p>It was noted that SN recognised two of the families within the Maternity Services Update report. MM and the Board considered it appropriate for SN to remain as part of the discussions.</p>	
<b>Bo.3.22.3</b>	<p><b>Patient Story – Therapies</b></p> <p>KD provided a summary of the patient story which was shared in advance of the meeting via a video and transcript. The patient story featured Mr David Briggs and his wife Mrs Barbara Briggs. Mr Briggs suffered from a stroke on 8th June 2020 at a time when the pandemic was in full flow. KD shared the following feedback from the family:</p> <p><u>Positive feedback:</u></p> <ul style="list-style-type: none"> <li>• Ward 6 and care received</li> <li>• Communication</li> <li>• Involving family in care planning and delivery</li> <li>• Physio input on ward and at home</li> </ul> <p><u>Areas of improvement:</u></p> <ul style="list-style-type: none"> <li>• Care on Ward 26 / placement of patients</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Discharge arrangements</li> <li>• Discussions about Do Not Resuscitate (DNR)</li> <li>• Restrictions on visiting</li> </ul> <p>KD was pleased to report that since Mr Briggs' stay at our hospital the Trust has undertaken a lot of work to improve on issues in relation to visiting as well as other areas that required improvement within the stroke pathway. KD reported that further improvements and changes will be made following national guidance that has been issued recently in relation to visiting.</p> <p>KW asked how the Trust consistently improves patient experience across our hospitals. KD explained that the embedding kindness strategy is due to be implemented across the Trust and this will contribute to improving patient experience. The Trust also has the ward accreditation initiative which provides a good insight into how a ward is performing in relation to standards, complaints etc. KD emphasised that one of the most important things is leadership at a local level by the Matron and Ward Managers as they set the tone and culture for others to follow. Every ward that is open substantively has an established Ward Manager, Junior Sister and a Matron assigned and this will contribute to maintaining and embedding standards.</p> <p>KW said it was pleasing to see the positive aspects of the experience of the family and to see the difference that kindness and a healing environment can make towards a patient's recovery.</p> <p>MP felt that it is not always easy to recognise that you could do better – you might think you are doing a good job but the patient perspective provides good feedback on how to improve. MP asked whether the video could be shared with ward staff as part of the learning process to help staff understand the patient's perspective and illustrate what "good" looks like. KD confirmed this would be done.</p> <p>SN said that the work of Ward 6 and the contribution of the Allied Health Professionals should be recognised as it was clear from the video that they contributed to a positive experience for the patient and the family. SN asked what is being done to improve the presentation of textured and modified/pureed food. KD explained that due to restrictions during the pandemic limited dietary choices were available and disposable cutlery and plates were used. However wards have started to use the silicon moulds again which help improve the appearance of modified food.</p> <p>SN asked what monitoring is in place to improve the discharge process in order to avoid very late discharges. KD explained that late discharges are avoided as much as possible but unfortunately in some cases there are delays to transport and this was a particular pressure during 2020 for Yorkshire Ambulance Service and the Patient Transport Service due to challenges presented as a result of the pandemic. Any discharges after 9pm are discussed with the patient to ask whether they would rather go home the following day. SA advised the Board that the Trust has embarked on an outstanding decision making programme to help improve discharge and patient flow. The programme includes the review</p>	<p>Chief Nurse</p>

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	<p>of the current discharge process including earlier decision making for every ward across the Trust.</p> <p>JHi complemented the format of the patient story via a video and transcript and felt it was a good tool to aid learning and felt that the use of technology to connect patients and families is important. JHi reflected on the story and was most concerned by the ward that had struggled to recognise the needs of the patient and his wife but felt that the Act as One Programme will help resolve some of the issues in relation to holistic care and would expect to see that the learning from this story will allow innovation to follow.</p> <p>MM complimented KD and the team on the format of how the patient story has been shared and the opportunity it presents to innovate with regard to patient care within our Trust.</p>	
<b>Section 2: Business from Previous Board Meeting</b>		
<b>Bo.3.22.4</b>	<p><b>Minutes of the Meeting held on the 20<sup>th</sup> January 2022</b> The minutes of the meeting held on the 20<sup>th</sup> January 2022 were approved as a true and accurate record of the discussions and decisions.</p>	
<b>Bo.3.22.5</b>	<p><b>Matters Arising</b></p> <p>The actions from the log were reviewed and the following outcomes agreed.</p> <ul style="list-style-type: none"> <li>• <b><u>Bo22001 - Bo.1.22.12 Maternity Services Update</u></b> 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. Action closed.</li> <li>• <b><u>Bo22002 - Bo.1.22.10 Reporting of Learning Disability within BTHFT Waiting List Data and Impact on Clinical Prioritisation</u></b> Further updates would be provided to the Finance &amp; Performance Academy on progress being made in relation to prioritising patients with learning disabilities. Added to the Academy's workplan at 6 monthly intervals. Action closed.</li> </ul>	
<b>Section 3: Business Reports</b>		
<b>Bo.3.22.6</b>	<p><b>Report from the Chairman</b></p> <p>MM asked the Board to note the contents of the report and wished to make the following key points and acknowledgements:</p> <ul style="list-style-type: none"> <li>• MM was extremely grateful to the Council of Governors for approving his re-appointment as Chair of the Trust Board.</li> <li>• The Council of Governors was appreciative of the verbal reports</li> </ul>	

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	<p>provided, on behalf of all Executives from JH, SA and PC in relation to Covid and Winter pressures, an operational update regarding restart and reconfiguration and, a staffing update.</p> <ul style="list-style-type: none"> <li>• The Governor election process has been launched with eight seats available. There is an opportunity for interested individuals to join informal virtual sessions with MM and a number of Governors.</li> <li>• Kursh Siddique, Public Governor will be representing our Council of Governors on the stakeholder panel that forms part of the recruitment process for the Independent Chair of the Bradford District and Craven Partnership Board on 11 March 2022.</li> <li>• The first meeting of the Membership Plan Delivery Group is due to take place on 17 March 2022. MM wished to recognise the contribution of JL to this group.</li> </ul> <p>The Board noted the report.</p>	
<p><b>Bo.3.22.7</b></p>	<p><b>Report from the Chief Executive</b></p> <p>MP explained that Sarah Smith, Senior Communications Officer, was in attendance to collate key points of discussion from the Board meeting to be included within the new “Executive Eye” section of the Let’s Talk staff Bulletin. The aim is to share with staff the decisions made by Executives and Senior Leaders within different meetings such as the Board of Directors Meeting. This will provide greater transparency, visibility and understanding to all colleagues as decisions made by the senior leaders’ impact on colleagues directly.</p> <p>MP provided a verbal update to the Board and made the following key points:</p> <ul style="list-style-type: none"> <li>• <u>Our Patients:</u> <ul style="list-style-type: none"> <li>– There has been a slow decline in the numbers of Covid inpatients over the last four weeks which has enabled the Trust to consolidate all Covid patient areas to one acute site at BRI and one community site at Westwood Park. There are 40 Covid inpatients on site at BRI today.</li> <li>– The demand for critical care beds due to non-Covid urgent care conditions remains high. Demand is also impacted by elective surgical patients as the elective programme of work has increased over the last month following the completion of major capital schemes across a number of patient areas including the Bronte Theatres, Wards 2 and 5 which have been converted to a surgical same day urgent care and short stay ward, Wards 20 and 21 that have been refurbished and Ward 14 which provides protected surgical inpatient capacity for a variety of surgical specialities including the creation of an orthopaedic surgical unit which will support the work to address the backlog of orthopaedic patients with lower clinical priority conditions. This is significant as we emerge from the pandemic and offer patients the opportunity to receive much needed treatment and procedures that they have been forced to wait for due to the pandemic.</li> <li>– In order to meet the demand of the backlog which has built up</li> </ul> </li> </ul>	

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	<p>significantly over the last two years further investment is required to help fund additional beds, theatres and clinical staff. A bid has been submitted in partnership with other West Yorkshire Trusts to the national Targeted Investment Fund to fund a facility at the Trust's St Luke's hospital site for an elective surgery unit which will include theatres and a day case facility. The aim is to treat the people of Bradford District and Craven faster for conditions they have had to wait to be treated for which may not be life threatening but have certainly impacted on quality of life.</p> <ul style="list-style-type: none"> <li>- There have been developments within our Women's Services with the establishment of two new clinical areas, namely the Early Pregnancy Assessment Unit and the Gynaecological Assessment Unit.</li> </ul> <ul style="list-style-type: none"> <li>• <u>Our People</u> <ul style="list-style-type: none"> <li>- The return to a more normal way of working has been hugely welcomed by staff following the last two years of staff being redeployed to work in different wards and clinical specialities in order to meet clinical demand during the pandemic. Staff have now returned to their home specialities in environments that have been either radically refurbished or refreshed to look after patient cohorts that they are most familiar with and experts in. MP wished to thank all colleagues across the Trust for their willingness and flexibility to do what has been required of them during such a challenging time.</li> <li>- At the previous Board meeting in January it was reported that the Trust was working towards the mandatory vaccination of all front line staff by the 1<sup>st</sup> March 2022 and at the time this posed a risk to a number of areas across the Trust with some groups of staff who were reluctant to be vaccinated. However the Government paused this approach at the end of January for a consultation on the issue and this has subsequently led to the legislation being revoked. As a Trust we continue to believe that vaccination provides the best protection for all and we continue to offer staff easy and accessible opportunities to receive their vaccination. Whilst Covid restrictions have been lifted elsewhere, we continue to observe the same infection control measures for those working in and visiting our hospitals to maintain a safe environment for patients and staff. This is something that will be reviewed regularly.</li> <li>- Bradford has a very large Ukrainian community and a large number of our colleagues are impacted by the outbreak of war with families and friends in the affected areas. The Trust has issued supportive statements as well lighting our buildings with the colours of the Ukrainian flag. A day of prayers has been led by the SPaRC Team and staff have donated items to send to Ukraine to help meet the needs of displaced citizens and refugees with the support of a local charity.</li> </ul> </li> <li>• <u>Bradford Place:</u> <ul style="list-style-type: none"> <li>- MP continues her responsibilities as Place based lead for Bradford District and Craven. A Quarter 3 assurance visit took place on 28 February and the key areas of interest were as</li> </ul> </li> </ul>	

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	<p>follows:</p> <ul style="list-style-type: none"> <li>○ A reduction in the numbers of patients waiting too long for discharge home – an area of work where we routinely remain the highest performing Trust in West Yorkshire.</li> <li>○ The work we are doing in relation to admission avoidance using the Airedale Digital Hub and BTHFT work on Same Day Emergency Care (SDEC), Ambulatory Care and Virtual Hospital.</li> <li>○ A recognition that the constraints of our capital works coming to an end meant that our elective activity would now significantly increase.</li> <li>○ The revisions being made to the governance and oversight of Children’s Services across Bradford District Council following the Commissioners review and it was noted that we were to begin an Ofsted inspection of SEND Services which had commenced at the beginning of the week.</li> </ul> <ul style="list-style-type: none"> <li>– Foluke Ajai has been appointed as the Chief Executive Officer for Airedale NHS Foundation Trust. MP was on the stakeholder group as part of the interview process.</li> <li>– Interviews for the Independent Chair of the Bradford District &amp; Craven Partnership Board are taking place on Friday and these involve MP, Councillor Hinchcliffe as Chair of the Wellbeing Board and Cathy Elliot as Chair Designate of the ICB.</li> </ul> <ul style="list-style-type: none"> <li>• <u>West Yorkshire Partnerships:</u> <ul style="list-style-type: none"> <li>– Steve Russell has been seconded from his role as Chief Executive Officer for Harrogate to take on the national leadership role for Covid vaccination and Covid response. Jonathan Coulter, Director of Finance will take over the role of CEO on an interim basis. Following Steve’s departure his leadership roles have been reallocated and MP has been assigned the role of SRO for Planned Care and Elective Recovery.</li> </ul> </li> </ul> <p>MM referred to Rob Webster’s briefing which referenced a meeting of West Yorkshire Acute Trust CEOs to discuss waiting lists and asked what this covered. MP explained this was in relation to the Targeted Investment Fund and the Community Diagnostic Hub.</p> <p>MM requested further details in relation to the proposed elective day surgery that MP referred to at St Luke’s Hospital. MP explained that one of the challenges over the last two years has been to run elective programmes alongside acute services as there is nowhere suitable within the Trust estate other than on the main site. This proposed new facility will provide the opportunity to keep services operating on a separate site and future proof the Trust from pandemics or new waves of Covid to continue elective activity and will consist of two theatres and a day case facility to begin with but ultimately the plan is to have an opportunity to increase this in the future.</p> <p>SN asked when a decision is expected in relation to the capital funding proposals and MHo confirmed that no formal date has yet been given as to when a decision will be made therefore we are awaiting the outcome.</p>	

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	MM thanked MP for the update.	
<b>Section 4: Delivery of the Trust's Clinical Strategy</b>		
<b>Section 4a: Quality</b>		
Bo.3.22.8	<p><b>Report from the Chair of the Quality &amp; Patient Safety Academy – January &amp; February 2022</b></p> <p>RS reported that the meeting of the Academy in January was short due to operational pressures but there was an opportunity for a much fuller discussion during the February meeting. One of the key areas of discussion during February was in relation to the work that is being undertaken in relation to learning from deaths and the mortality improvement programme. RS advised that every death that takes place at the Trust is now independently scrutinised by a medical examiner and this involves discussion in relation to the care undertaken with the clinical teams. Following scrutiny the medical examiner considers whether a referral to the coroner's office needs to be made. This process allows opportunities for learning to be disseminated through the teams and helps to establish where improvements can be made. The Medical Examiner also decides if the death should be referred for a Structural Judgement Review. RS reported that to date the Trust has managed to scrutinise 100% of patient deaths. This process is not yet statutory but the Trust is in a strong position by undertaking this now.</p> <p>SN asked whether the review process could result in delays which subsequently impact on families wishing to arrange swift burials. RS explained that as the review is not yet statutory we are able to issue the death certificate providing there is confidence that there is no cause for concern and the Medical Examiner will then review the case following this. Ultimately there are plans for this to be a seven day service which will further alleviate delays. KD added that the site team deals with this in a sensitive and culturally appropriate manner.</p> <p>KD reported that although the January meeting was shorter it provided a purposeful and focused discussion in relation to risk to the Trust due to the Omicron variant of Covid. A very detailed discussion took place on how Omicron was impacting on bed numbers as well as the pressures and challenges presented by staff sickness levels at the time. The infection prevention and control report presented to the meeting noted a significant spike in patients testing positive with Covid after their admission. This does not necessarily mean that they acquired Covid at the hospital but could allude to the fact that they were asymptomatic at the time of admission.</p> <p>JHi referred to the risk in relation to the funding for maternity through the ICS and the local maternity system. The risk was raised at the Finance and Performance Academy and referred to the Quality and Patient Safety Academy to escalate to the Board. KD provided further details and explained that the Trust was allocated approximately £1.3m of Ockenden money in the current financial year to help make improvements to staffing. This amount was based on the birth rate and an assessment of staff required for continuity of carer. For the next financial year (2022/23) a different allocation methodology has been</p>	



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	<p>proposed which would mean that the Trust will get significantly less funding – approximately £600,000. KD explained that discussions are underway in relation to how the risk can be mitigated and this will be presented to the Board in May with regards to maternity staffing plans. Additional money is also expected from NHSI/E for the implementation of continuity of carer and that will also help to make up the difference. KD highlighted that it was important to note that the Ockenden money was to fully implement continuity of carer and therefore the gaps we will have will not impact on safe staffing levels but will impact on being able to fully implement continuity of carer.</p> <p>The Board noted the report and was assured by the discussions and outcomes from the Quality and Patient Safety Academy.</p>	
<p><b>Bo.3.22.9</b></p>	<p><b>Maternity Services Update</b></p> <p>KD welcomed Neonatal colleagues to the meeting and invited them to present their agenda items.</p> <p><u>Outstanding Maternity Services Programme – Neonatal Services</u></p> <p>HJ presented the item and explained that following the huge success of the Outstanding Maternity Services programme (OMS) a similar process will now be undertaken for the Neonatal Services as part of the Trust's vision for an outstanding perinatal service. HJ provided the background and explained the five workstreams of the programme as follows:</p> <ol style="list-style-type: none"> <li>1. Investing in workforce</li> <li>2. The family's journey and outstanding care</li> <li>3. Streamlining systems</li> <li>4. Moving to digital</li> <li>5. Building fit for the future</li> </ol> <p>HJ explained that the next steps are to agree a delivery model and markers of success and start the stakeholder engagement with staff and families. The programme will ensure close engagement between the Trust and the Neonatal Network.</p> <p>RS referred to the GIRFT deep dives which are hugely valuable as a learning opportunity and complimented the recent Neonatal GIRFT deep dive. It was evident that the team had taken time to prepare for the deep dive in advance and the data submitted was of high quality. The challenge faced by the neonatal unit due to the demographics of the babies on the unit is clear i.e the national average of very low birth weight babies as well as extreme prematurity but the outcomes achieved are fantastic. RS wished to thank the neonatal team for their engagement in addressing the significant challenges they have faced.</p> <p>PR referred to educational materials and resources that are available in relation to neonatal care and offered to introduce HJ to the supplier who he knows well. HJ welcomed this offer of assistance.</p> <p>KD highlighted that she has been allocated as the Executive Lead for</p>	

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	<p>Children's Services in order to support and strengthen the service. KD felt incredibly proud of the team and wished to thank them for their hard work to date and looked forward to championing the service.</p> <p>MM queried the investing in the workforce workstream and asked what the expected proportion of the increase of the total workforce will be. KR advised this is expected to be a 15% increase to the current workforce.</p> <p>MM asked how the Board of Directors will be kept informed of progress and KD confirmed that an update will be included as part of the OMS Programme update to the Quality &amp; Patient Safety Academy.</p> <p>MM thanked the team for the informative presentation.</p> <p><u>Ockenden Assurance/Progress</u></p> <p>SH and CS presented the item and explained the background to the Ockenden report including the seven recommendations for the wider NHS labelled as immediate and essential actions. The Trust complied with all immediate assurance requests and uploaded supporting evidence to a national portal.</p> <p>CS presented the Maternity Services Workforce Plans and explained that the national response to the Ockenden report included a £95.6M investment into maternity services which included funding for Midwifery roles, Consultant Obstetricians, MDT training, international midwifery recruitment and support for the retention and recruitment of MSWs. CS advised that the Trust received a significant amount of funding from the national bid which was ring fenced for midwifery and obstetric consultant recruitment and training. Unfortunately due to the national midwifery staffing crisis, this was largely unspent despite pro-active and innovative recruitment attempts. Year 2 recurrent funding is expected via the ICS with more flexibility as to how this can be spent to achieve compliance in all seven immediate and essential actions. SH presented the recruitment plan for the midwifery service and explained how this will be achieved.</p> <p>MM asked how the Board will be kept up to date with progress and SH confirmed that it will be a standing item within the Maternity Services Update paper and SH will liaise with KD regarding how much detail to include. KD proposed that a deep dive is undertaken for Ockenden and Maternity Services at a future board development session in four to five months. JH confirmed this will be added to the list of possible topics for consideration in the future work programme for board development.</p> <p>JHi commented that midwifery and obstetrics recruitment is a challenge nationally but was confident that innovation would come in the form of different roles and believed that students will receive a stimulating experience within a deep learning environment at Bradford.</p> <p>JP asked whether the Trust still birth data is monitored by equality and diversity themes and deprivation and if so, whether there is any learning from that analysis. SH confirmed it is captured and a full review has been undertaken recently of 25 still births last year. Of these 25 still births the</p>	<p>Associate Director of Corporate Governance / Board Secretary</p>

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	<p>majority were from the most deprived post code areas.</p> <p>SH presented the January and February 2022 Maternity Services update and summarised the key points and recommendations within the papers.</p> <p>The Board noted the contents of the reports, acknowledged the recommendations and was assured by the updates provided.</p>	
<b>Bo.3.22.10</b>	<p><b>COVID-19 Vaccination Programme</b></p> <p>KD provided a verbal update and advised that the Trust is now moving towards a business as usual phase in relation to the Covid-19 vaccination programme. First, second and booster vaccinations continue to be offered at a Place level and 11-15 year olds are now also eligible for vaccinations. A booster programme is now being planned to take place during the Autumn which is likely to be for those over 50 as well as healthcare staff. The Trust continues to remain as the lead provider and lead employer for staff and volunteers in relation to the vaccination programme alongside Airedale NHS Foundation Trust.</p> <p>The Board noted the update.</p>	
<b>Bo.3.22.11</b>	<p><b>New National Standards of Healthcare Cleanliness – Charter &amp; Implementation</b></p> <p>MHo explained that a mandated requirement of the new National Standards of Healthcare Cleanliness 2021 were published on 26 April 2021 and apply to all healthcare environments. They provide a common understanding of what it means to be a clean healthcare setting and must be implemented by May 2022.</p> <p>As part of the Standards, the Trust is expected to display a ‘Commitment to Cleanliness Charter’, which sets out the organisations commitment to achieve a consistently high standard of cleanliness, demonstrating that the organisation is serious about providing a safe and clean environment by referencing key elements of delivering and maintaining high standards of cleanliness. All organisations are required to display the charter where it will be seen, such as at ward entrances or circulation areas etc.</p> <p>JP asked how we will ensure this charter is accessible to those who do not read English and those with a visual impairment. MHo advised that a reference will be included within the charter signposting to an accessible format and that this will be looked at and agreed by the respective cleaning focus group.</p> <p>SN asked whether it will be difficult to manage these expectations for cleanliness within the Accident and Emergency Department given the number of patients who attend. MHo provided assurance that although this is a difficult area there is resource available and allocated to this department and to meet the new schedules of cleaning appropriately. MHo also added that more enhanced cleaning is undertaken in higher risk areas which is based on a pre IPC agreed risk rating for the area.</p>	

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	<p>The Board acknowledged the recommendations within the paper and approved the “commitment to cleanliness charter” template for the Trust.</p>	
<b>Section 4b: People</b>		
<p><b>Bo.3.22.12</b></p>	<p><b>Report from the Chair of the People Academy – January &amp; February 2022</b></p> <p>KW presented the item and explained that the meeting in January was a brief meeting which focussed mainly on the significant challenge of staff sickness absence due to the impact of the Omicron variant. A deep dive was undertaken which showed high nursing and health care assistant absence. The Academy reviewed the year to date absence and found that long term absence was reducing. The main cause for sickness absence was due to anxiety, depression and stress followed by infection as the second highest reason. The Academy discussed the realignment of wards in order to help with the staffing challenges and although the Trust had safe staffing levels it was very close to the red line.</p> <p>The Academy also discussed staff appraisals, staff turnover and the flu vaccine take up. As at 31 January 2022, 53.3% of frontline staff had been recorded as having received their flu vaccination. At the same time last year, the Trust had reported an uptake of 82%. Assurance was provided that the Trust continued a proactive approach to encouraging colleagues to receive the flu vaccination including that of drop-in clinics and communicating that colleagues inform the Trust if they had received it elsewhere so their records could be updated. It was agreed that our flu delivery would be escalated to the Board for information.</p> <p>The Academy was pleased to hear that the programme used for the induction of overseas nurses into theatres had been exemplary therefore this would be used as the gold standard going forward.</p> <p>The Academy received details in relation to plans to deliver against the four quadrants of the People Plan: looking after our people, improving belonging, working differently and growing for the future. The first draft was completed and submitted to Bradford Place week commencing 28 February 2022. The final submission is required at the end of April 2022.</p> <p>The Academy received the Trust’s Gender Pay Gap Report which is due to be published by 30 March 2022 in line with legal and contractual obligations. Overall there was an improvement since the last report submitted during March 2020.</p> <p>A ‘Women in Senior Leadership Panel’ was undertaken on 8 March as part of International Women’s Day to provide colleagues with personal reflections on how women on the panel had navigated their careers.</p> <p>PC added that a review of sickness absence was undertaken for the previous two years and this indicated that the highest levels of sickness absence had been during January 2022 which reflects the impact of the Omicron variant. PC was pleased to report that sickness absence had</p>	

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	<p>started to reduce from February with short term sickness reducing but the month on month rates will be slower to improve.</p> <p>JP was pleased to note the progress made within the gender equality areas and although there are still challenges ahead it was impressive to see the good progress to date. JP wished to thank those who play a significant role in leading within this important area of work.</p> <p>The Board noted the report and was assured by the discussions and outcomes from the People Academy.</p>	
<p><b>Bo.3.22.13</b></p>	<p><b>Strategic Equality &amp; Diversity Council Update</b></p> <p>The Board noted the report and supported the proposed areas of work as identified within the report.</p>	
<p><b>Bo.3.22.14</b></p>	<p><b>Looking after our people</b></p> <p>PC provided a verbal update to the Board and made the following key points:</p> <ul style="list-style-type: none"> <li>• PC referred to the presentations received earlier in the meeting by the maternity services teams and how they demonstrate how the Trust is looking after our people.</li> <li>• The Trust has put out specific messages of support for our Ukrainian colleagues and shared offers of support that are available to them both locally and nationally.</li> <li>• The team continues to update the Thrive website with details of the support offer that is available including a very detailed offer in relation to emotional wellbeing.</li> <li>• There has been focus on International Women's Day this week and a wide range of resources have been published in relation to the menopause as well as the delivery of wellbeing sessions focussing on menopause.</li> <li>• Staff appraisals have been restarted in February with wellbeing as one of the first topics of discussion to focus on.</li> <li>• A national session is being set up for wellbeing guardians at the end of March which the Trust will access and participate in.</li> </ul> <p>JHi asked if there any implications for university students for placements and employment if they are not vaccinated. PC said the briefing on the consultation did not refer to new recruits and therefore the assumption was that we can take our own decision but subsequently a message came out nationally to say that NHS Employers were being asked to update the NHS Employment Check standards. PC reported that there is a meeting this afternoon which should clarify the position and PC would update as necessary.</p> <p>The Board noted the update.</p>	<p>Director of Human Resources</p>
<p><b>Bo.3.22.15</b></p>	<p><b>Nursing Workforce Board Assurance Framework</b></p>	

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	<p>KD presented the report to the Board and explained that the paper provides an update on work that has been undertaken to ensure there is safe staffing during Winter 2021/22 when it is anticipated that there will be an increase in patients requiring inpatient care and increased staff absence due to Covid-19. The paper details actions that have been taken against the key recommendations as published in the NHSI/E guidance paper November 2021. In line with national guidance a Quality Impact Assessment in relation to safe staffing levels was undertaken by the senior nursing team.</p> <p>The Board noted the report and approved the recommendations. The Board were assured by the actions taken in relation to the provision of safe nursing and midwifery staffing during winter 21/22 in line with the recommended actions detailed by NHE in November 2021.</p>	
<p><b>Bo.3.22.16</b></p>	<p><b>Nurse Staffing Review</b></p> <p>Item deferred to May 2022.</p>	
<p><b>Section 4c: Finance &amp; Performance</b></p>		
<p><b>Bo.3.22.17</b></p>	<p><b>Report from the Chair of the Finance &amp; Performance Academy – January &amp; February 2022</b></p> <p>JL highlighted the following key points from the report:</p> <ul style="list-style-type: none"> <li>• The January meeting of the Academy was a shortened meeting due to operational pressures and focussed on the impact of Omicron on performance.</li> <li>• The February meeting of the Academy included a discussion on delivery of the financial improvement framework and the methodologies that will be used to deliver it.</li> <li>• The Academy spent time going through the performance report and recognised the hard work that was going on across the organisation and the impact the latest wave of Covid had on performance. The Academy will focus on what the trajectories might look like as part of the operational plan and as part of the improvement report for performance.</li> <li>• The Academy also focussed on the financial report and the financial plan. In February the Trust was forecasting a £4m surplus which was better than planned. However the upcoming financial year 2022/23 looks challenging and there is a gap of approximately £20m.</li> <li>• The Academy discussed the uncertainties in relation to the ICS funding. The Trust is a lot more reliant on partnership work and whilst we are delighted to be part of an ICS and recognise what collaboration means and how good it is for us we need to recognise that some of the ways the money flows into the Trust has changed. We are a lot more reliant on the partnership framework and the understanding across the partnership of where that money should be allocated. The Academy recognised that there are some risks which they need to keep cited on and understand.</li> <li>• In terms of the capital plan the Trust has a need of about £58m but there is likely to be under funding of approximately £25m. This is not</li> </ul>	

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	<p>just a money gap as the capital plans are aligned to the Trust's improvement plans and therefore will also impact on people and quality.</p> <p>The Board noted the report and was assured by the discussions and outcomes from the Finance &amp; Performance Academy.</p>	
<p><b>Bo.3.22.18</b></p>	<p><b>2022/23 Financial &amp; Operational Plan and Budget Setting Process</b></p> <p>MH presented the report and explained that the slides summarise the Trust arrangements to ensure that it meets the requirements of the 2022/23 NHS Planning Guidance. They also set out the key points and risks relating to our plans for Workforce, Performance &amp; Activity and Finance.</p> <p>MH explained that a Planning Submission Group has been set up in order to ensure that our planning process is sound, fully involves the correct subject matter experts and results in realistic and robust plans. The group is chaired by MH and oversees the development of plans, monitors progress towards plan submission dates and reports regularly to the Executive team. Running alongside the work of this Group, Executive Directors have undertaken a separate exercise to ensure that all key areas of the planning guidance are covered by ongoing or planned work within their portfolios. Areas of cross-over have been identified and responsibilities are understood.</p> <p>PC provided an update in relation to the workforce submission and explained that a narrative needs to be provided which is aligned to the four quadrants of the people plan. A draft numerical plan submission has been made and this will be amended for the final submission in April which will include the April 2022 establishment figures. PC explained that a number of key performance indicators need to be set up specifically in relation to staff absence rates and staff turnover. For staff absence the Trust is demonstrating a modest improvement but it is not anticipated that we will improve to pre-Covid rates during 2022. At the start of January 2022 staff turnover was 12.39% and it is predicted that turnover will increase for the next six months before dropping. The narrative submission is focussing on staff retention and increasing supply, staff recovery, new ways of working and equality and diversity plans.</p> <p><b>2022/23 Financial &amp; Operational Plan and Budget Setting Process</b></p> <p>SA provided an update in relation to the performance submission and explained that focus is on restart and recovery. One of the key areas that the Trust is aiming to achieve and deliver against is the clearance of the 104 week patients. The requirement is to clear these by July 2022. There is also an ask within the planning guidance for reduction in the number of 52 week wait patients as well as the requirement to ensure that we deliver against a number of the cancer performance targets. The focus in 202/23 will be on the 28 day faster diagnosis standard which will replace the current 2 week wait standard from referral to first appointment. In terms of urgent and emergency care the Trust maintains a very strong position and although our performance has fallen recently,</p>	

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	<p>relative to other organisations, we have retained a strong position.</p> <p>For activity expectations there is a real push to reduce the number of patients requiring follow up outpatient appointments through the introduction of initiatives such as Patient Initiated Follow Ups (PIFU). This will help create capacity for new patients awaiting an appointment. There is an aspiration that we deliver a minimum of 110% of baseline activity for electives when compared to 2019 and to deliver a 120% of baseline for diagnostic activity when compared to 2019.</p> <p>MH provided an update in relation to the financial submission and reported that at the moment we are showing a £25 million gap (4.6% of turnover). MH explained some of the key drivers of this as well as how we can work to close the gap.</p> <p>The Trust has made huge investments in capital and can now start to explore what qualitative and quantitative benefits that will genuinely provide. In terms of the capital position, the allocation will be less now and the challenge is to prioritise the individual schemes and programmes to establish what can be funded and what can be deferred.</p> <p>In terms of next steps there will be a further update at the next Finance &amp; Performance Academy and time has also been allocated at the next Board Development session to sign off the plan prior to submission on 22nd of April to the ICB who will then consolidate all plans and submit the overall plan on 28th of April.</p> <p>JP asked how realistic the projections are in terms of inflation and are they likely to be an underestimate. MH explained that the Trust has used the inflationary estimates provided in the guidance and highlighted the risk associated with supply chain pricing risks that were already materialising and utility costs (for which an additional cost assumption has been reflected in the plan). If they go beyond that, then that clearly exposes us to further risk. Addressing the financial gap will require a range of measures which will include a reduction in Covid related costs (noting that Covid income has been reduced by 57%) and a 2.5% efficiency target levied across the organisation, against which plans need to be developed.</p> <p>The Board noted the report.</p>	
<b>Section 4d: Partnerships</b>		
<b>Bo.3.22.19</b>	<p><b>Partnerships Board</b></p> <p>JH presented the item and explained that the Partnership Dashboard provides a single view of the partnership indicators aligned to the Trust's Strategic Objective. Discussions at the meeting today demonstrate how the Trust is involved in partnership work and continues to act as a constructive and active partner at Place and ICS level.</p> <p>PR said as the Place based relationships and ICS relationships mature a number of Executives will be taking on extra responsibilities and PR</p>	Director of



No.	Agenda Item	Action
	<p>suggested it may be useful to update the Board in relation to this particularly as this will impact on capacity. JH referred to the mapping exercise that was done previously and agreed to review and update this.</p> <p>The Board noted the report.</p>	Strategy & Integration
<b>Section 4e: Strategy</b>		
<b>Bo.3.22.20</b>	<p><b>Corporate Strategy and Strategic Objectives</b></p> <p>JH presented the item and explained that following a discussion at the Board of Directors meeting held on 18 November 2021 a number of revisions to the content of the draft Trust Corporate Strategy were agreed. These amendments were made and a final draft was produced which was shared with Board members via e-mail supplementary to the Board of Directors meeting papers for 20 January 2022. Board members were asked to review the final draft of the report. Board members were asked to approve the strategy for publication in the spring and JH advised that the exact date would be aligned to a staff engagement event planned to take place in April or May.</p> <p>JH advised that an easy read version of the strategy has also been created with support from Bradford Talking Media. In addition to this filming is underway to create the “talking head” videos which will include British Sign Language.</p> <p>BS said that although he appreciated how difficult financial planning was in current circumstances he found it unusual to see a high level strategy document which does not provide any insight into finances in the five year period to come. JH explained that the strategy is built up of components of strategies and plans and it was important to get the balance right to keep it as a high level document. Following a discussion it was agreed that JH will liaise with MH to consider further wording to add emphasis to the document in relation to the finances but this would not include a breakdown of finances in any detail.</p> <p>BS asked whether there will be a standing agenda item for future Board meetings in relation to the overall strategy as well as the sub-strategies and the progress being made. JH said that the draft logic model which will be used as a tool to support Board discussions will be reviewed at the next Board Development session. JL agreed it was important not to have too many discrete reports for Board; the revised BAF (which NEDs had discussed the day before) could potentially provide much of the required assurance.</p> <p>The Board approved the Corporate Strategy subject to any final comments for JH to consider by Monday 14 March 2022.</p>	Director of Strategy & Integration
<b>Section 4f: Audit and Assurance</b>		
<b>Bo.3.22.21</b>	<p><b>Board Assurance Framework &amp; High Level Risk Register</b></p> <p>JH presented the item and reported that all assurance levels in relation</p>	

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	<p>to each objective remain unchanged since the last report in January 2022. The Board Assurance Framework (BAF) collates information in relation to risk appetite, relevant risks, and assurance, for each of the Trust's five Strategic Objectives. This supports Board members in considering the papers and topics discussed at Board meetings, and informing an overall view about the level of assurance provided.</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>	
<b>Bo.3.22.22</b>	<p><b>Report from the Chair of the Audit Committee – 1 February 2022</b></p> <p>The Board noted the report.</p>	
<b>Section 5: Governance</b>		
<b>Bo.3.22.23</b>	<p><b>Reservation of Powers to the Board &amp; Scheme of Delegation and Standing Financial Instructions</b></p> <p>MH presented the item and explained the Standing Financial Instructions and Scheme of Delegation are key parts of the Trust's governance and financial control. To ensure they are current and fit for purpose they are subject to an annual review. Following a review and recommendation for approval from the Audit and Assurance Committee this paper seeks approval for the updated Standing Financial Instructions and Scheme of Delegation.</p> <p>The Board of Directors approved the updated Standing Financial Instructions and Scheme of Delegation.</p>	
<b>Section 6: Board Meeting Outcomes</b>		
<b>Bo.3.22.24</b>	<b>Any Other Business</b>	
	No other business was raised.	
<b>Bo.3.22.25</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.3.22.26</b>	<b>Date and Time of Next Meeting</b>	
	12 May 2022, 9.30am	

## ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 10 March 2022

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo22005	Bo.3.22.14	<p><b>Looking after our people</b> JHi asked if there any implications for university students for placements and employment if they are not vaccinated. PC reported that there is a meeting this afternoon which should clarify the position and PC would update as necessary.</p>	Director of Human Resources	March 2022	The requirement to be vaccinated has been removed from person specifications We understand there is likely to be some work done on updating nhs employment check standards but this is likely to take some time. <u>Action closed</u>
Bo22007	Bo.3.22.20	<p><b>Corporate Strategy and Strategic Objectives</b> JH to liaise with MH to consider further wording to add emphasis to the document in relation to the finances but this would not include a breakdown of finances in any detail.</p>	Director of Strategy & Integration	March 2022	<p>Following further feedback from the Board in March 2022, this exercise was repeated with the Director of Finance.</p> <p>In addition to the existing references to finance further references were added, these included</p> <p>1.A financial sustainability and stability comment in the executive summary referencing that our ability to deliver the strategy's 4 P's will be dependent on being financially stable and sustainable 2.Under section 3.4 (the virtual hospital) we included a comment that the models proposed will be evaluated for efficiency, effectiveness and economic benefits. 3.Under 4.3 (new ways of working and delivering care we added a comment referencing productivity opportunities in relation to new ways of working (eg Digital integration and the Yorkshire Imaging collaborative and shared records/access to reports) <u>Action closed</u></p>

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Bo21004	<b>Bo.3.21.9</b>	<b>Mental Health Strategy 2021/23</b> Update to be provided in around 9 months.	Chief Nurse	May 2022	Deferred to May Board meeting. Included on May agenda – <u>action closed</u>
Bo21015	<b>Bo.5.21.10</b>	<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/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	<b>Bo.3.22.3</b>	<b>Patient Story – Therapies</b> KD to share video with ward staff as part of the learning process to help staff understand the patient’s perspective and illustrate what “good” looks like.	Chief Nurse	May 2022	Video shared with staff. <u>Action closed</u>
Bo22006	<b>Bo.3.22.19</b>	<b>Partnerships Board</b> PR said as the Place based relationships and ICS relationships mature a number of Executives will be taking on extra responsibilities and PR suggested it may be useful to update the Board in relation to this particularly as this will impact on capacity. JH referred to the mapping exercise that was done previously and agreed to review and update this.	Director of Strategy & Integration	May 2022	To be completed by the end of May
Bo22004	<b>Bo.3.22.9</b>	<b>Maternity Services Update</b> <u>Ockenden Assurance/Progress</u> : KD proposed that a deep dive is undertaken for Ockenden and Maternity Services at a future board development session in four to five months. JH confirmed this will be added to the list of possible topics for consideration in the future work programme for board development.	Associate Director of Corporate Governance/Board Secretary	October 2022	To be considered as part of the board development plan for 2022.
Bo22008					