

**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 14th of July 2022, with Dr Maxwell Mclean in the Chair and Laura Parsons as Trust Secretary, the minutes of the previous meeting on the 12th of May 2022 were read and approved.

Signed: _____ Chairperson

Signed: _____ Trust Secretary

Date:	Thursday 14 July 2022	Time:	09:30-14:55
Venue:	Listening for Life Centre	Chair:	Dr Maxwell Mclean
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Julie Lawreniuk (JL) - Mr Altaf Sadique (AS) - Ms Karen Walker (KW) - Mr Mohammed Hussain (MHu) via MS teams from item Bo.7.22.13 onwards - Mr Jon Prashar (JP) via MS Teams - Professor Janet Hirst (JHi) - Mr Barrie Senior (BAS) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor Mel Pickup, Chief Executive (MP) - Ms Karen Dawber, Chief Nurse (KD) - Dr Ray Smith, Chief Medical Officer (RS) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr Matthew Horner, Director of Finance (MH) - Ms Pat Campbell, Director of Human Resources (PC) 		
In Attendance:	<ul style="list-style-type: none"> - Ms Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) - Mr Chris Davies, Deputy Director of Estates and Facilities (CD) - Mr Carl Stephenson, Associate Director of Performance (CS) for item Bo.7.22.14 only - Ms Sara Hollins, Director of Midwifery (SH) for item Bo.7.22.8 only - Ms Tabitha Lawreniuk, Personal Business Manager as secretariat 		

No.	Agenda Item	Action
Section 1: Opening Matters		
	<p>Chair's Opening Remarks</p> <p>MM welcomed all attendees to the meeting which was the first face to face meeting since the start of covid-19. He noted the agenda items to be discussed.</p>	

<p>Bo.7.22.1</p>	<p>Apologies for Absence</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Ms Sughra Nazir, Non-Executive Director • Mr John Holden, Director of Strategy and Integration • Dr Paul Rice Chief Digital and Information Officer • Mr Mark Holloway, Director of Estates and Facilities 	
<p>Bo.7.22.2</p>	<p>Declarations of Interest</p> <p>No declarations of interest were noted.</p>	
<p>Bo.7.22.3</p>	<p>Patient Story</p> <p>Attendees had watched a video prior to the meeting regarding a same sex couple, one of whom was treated on ward 23 until she passed away. The couple had spent 30 years together and often felt uncomfortable externally due to homophobia. Her partner reflected that this feeling was not replicated during their time on the ward and that they had felt treated with dignity and respect, commenting that the staff had made 'the unbearable, bearable'. Colleagues were invited to share their thoughts of this experience.</p> <p>There was a discussion around how to ensure that this level of service and care is replicated across the Trust, and KD advised there is a lot of ongoing training to educate colleagues on this protected characteristic as with others. In addition, she noted that the SPaRC team provide spiritual care, not religious care, and this is available across all areas and being promoted via the EDC. A bank of videos was being developed to share patient experiences, recognising they are not often heard by all staff, and consideration would be made as to including patient stories at induction to encourage new starters to aspire to deliver that standard of care.</p>	
<p>Section 2: Business From Previous Board Meeting</p>		
<p>Bo.7.22.4</p>	<p>Minutes of the Meeting held on the 12th of May 2022</p> <p>The minutes of the meeting held on the 12th of May 2022 were approved as a true and accurate record of the discussions and decisions.</p>	
<p>Bo.7.22.5</p>	<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>Bo21015 Bo.3.22.10 Patient Recruitment Centre</u> Action to remain open as yet to be arranged. • <u>Bo22006 Bo.3.22.19 Partnerships Board</u> Action to remain open as work still ongoing. • <u>Bo22008 Bo.5.22.3 Modernisation of Pharmacy Services</u> 	

	<p>Action closed.</p> <ul style="list-style-type: none"> • <u>Bo22009 Bo.5.22.3 Modernisation of Pharmacy Services</u> Action closed. • <u>Bo22010 Bo.5.22.11 Report from the Chair of the Finance and Performance Academy – March and April 2022</u> Action closed. • <u>Bo22011 Bo.5.22.15 Research Activity in the Trust</u> Action closed. • <u>Bo22012 Bo.5.22.15 Research Activity in the Trust</u> Action closed. 	
Section 3: Business Reports		
<p>Bo.7.22.6</p>	<p>Report from the Chairman</p> <p>MM asked the Board to note the contents of the report, which focused particularly upon welcoming five new members to the council of governors and thanking those who have vacated their roles for all their support and commitment over the last few years.</p> <p>The Board noted the report.</p>	
<p>Bo.7.22.7</p>	<p>Report from the Chief Executive</p> <p>MP highlighted the following key points in relation to patients, partners, people, and place:</p> <ul style="list-style-type: none"> • Patients – Throughout May and June, there had been a welcome reduction in numbers of covid patients which allowed a focus on the commitment to reduce the number of patients waiting 104 weeks+ for their treatments. All these patients were treated by the date except for those that were medically unfit to undergo the procedure. The next commitment is to treat patients within 78 weeks, and ensure this position is 0 by the end of March. MP thanked KD, RS, and SA on delivering on this whilst responding to the unusually high number of patients presenting at A&E. Unfortunately, in the latter weeks of June there has also been an increase in covid patients, from a low of 19 inpatients this time last year (and a similar low the year previous at the same time), to around a steady level of 50-60 inpatients. None of these are on ICU and NIV which speaks to the presentation of covid seen in these later waves, but nonetheless does impact on the tactical operational response. It is likely to reverse on some decisions such as the use of face masks, particularly as it is now very hard to predict clinical demand given that non-hospital infections are no longer tracked. In addition, there is an increased number of clinical staff off sick at a time when attendances are at record highs. The Trust continues to try to do everything and if the time comes when this is not possible, focus will be prioritised on maintaining the safety of patients and prioritising the work of clinical colleagues. 	

	<ul style="list-style-type: none"> • People – MP recognised the need to continue to put the needs of our people, who are expected to step up to provide care and leadership in challenging circumstances, front and centre. The Thrive Leadership Event on 20th June accommodated 320 people at an external venue, and 105 people joining from the Sovereign Lecture Theatre, to hear from two incredibly powerful and well renound speakers (including Chris Turner on the impact of civility) and emphasise the importance of kindness as well as delivering excellent clinical care. KW reflected on the buzz throughout the day and how inspiring it felt. MP also advised that the implementation of the new CSU structure was underway. • Partners – MP advised of the transitioning to ICB arrangements and a meeting with the Regional Director and leadership team of each ICB across the NE&Y region on 17th June. At this meeting, they heard from several regional directors and each ICB leader about what these changes will mean, what we aspire to do, and how we will operate. At West Yorkshire level, Rob Webster held the first in person development session of ICB board in preparation for 1st July on which governance procedures were finalised to make this a legal entity. • Place – As place lead, MP is prominently engaged in various workstreams which mirror the approach in West Yorkshire ICB. She had with Airedale Board to discuss how they contribute and be a part of this through the Partnership Board. To consititute themselves as a place, the decision was made to have an Independent Chair and Elaine Applebee has been appointed. The opportunity has been to reset and redefine our priorities which will now be undertaken as a place rather than via Act as One. The 5 key strategic priorities and the lead for each are: <ul style="list-style-type: none"> ○ Resilient communities (Foluke) ○ Access to care, (Mel) ○ Children, young people and families, (Therese) ○ Mental health, learning disabilities and neurodiversity, (Iain MacBeath) ○ Workforce (Foluke) <p>JL queried what support the Board could provide to MP, recognising the difficulties in managing her role as Place lead as well as CEO of a Trust. MP advised she consciously refers to herself as place lead when managing things at place, but the possible danger is ensuring BTHFT has a voice and gets heard when she is acting in her place role. Each NED and Exec has a role to play in ensuring this voice is heard.</p> <p>MM thanked MP for the update.</p>	
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Section 4: Delivery of the Trust’s Clinical Strategy

Section 4a: Strategy

Bo.7.22.8	<p>Risk Management Strategy and Risk Appetite Statement</p> <p>LP gave an overview of the paper which sought Board approval of the updated Risk Management Strategy and Risk Appetite Statement and highlighted the following points:</p> <ul style="list-style-type: none"> • Both documents had been reviewed through Board Development sessions and the Audit Committee, and the amends suggested by 	
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	<p>them have been made.</p> <ul style="list-style-type: none"> • The good governance matrix had been used for the risk appetite statement and an explanation as to what this means was detailed within. • Academies will start to review the BAF risks within their remit and the ToRs will be updated to reflect these new arrangements. • The audit committee will receive a report at next meeting to confirm arrangements in place, and then a 6 monthly report to ensure compliance with the risk management strategy. • A training needs analysis would be completed to ensure the strategy is embedded through organisation. <p>JHi reflected on the need to learn how best to use this as well as understanding it. BAS noted there is still some work to do to integrate risk management and the BAF and ensure this drives discussions at Board level meetings.</p> <p>The Board confirmed approval of the risk management strategy and risk appetite statement.</p>	
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<p>Bo.7.22.9</p>	<p>Report from the Chair of the People Academy – May and June 2022 KW gave an overview of the reports from the People Academies in May and June 2022 highlighting the following:</p> <ul style="list-style-type: none"> • As of 31st March, 34.9% of employees were from an ethnic minority background (against a target of 35% by March 2025) • White staff were 2.28 times more likely than ethnic minority staff to access non-mandatory training over the past 12-months which was twice as much as the national position. A separate report would be provided to July People Academy on this. • Regarding FTSU, two eLearning modules had been launched during the year: 'Speak Up' for all workers and 'Listen Up' for managers. There would also be the introduction of a new module for Board level colleagues during 2022/23. • Recruitment would continue to be a priority, and the Trust was working with Just-R who were supporting activity relating to HCA recruitment and retention as part of the overall strategy. There had also been a number of successful appointments within the medical consultant workforce, however it was noted that there were key areas that the Trust continued to be challenged in recruiting to such as Haematology, non-surgical Oncology as examples. • The Academy received the Annual Report on Medical Appraisal and Revalidation for 2021/22 and in 2021/22 no doctors received an 'unapproved missed appraisal'. • An Academy Effectiveness Review had been completed and as a result membership was being reviewed and would be considered in September. It was recognised that vocal people were needed around the table to address staff side issues, as at present these were not being raised. • The Academy continued to review all high level risks associated with People and there were a number of risks in relation to safe staffing. KD advised they are aware of this risk, and whilst it is a significant risk, mitigations continue to be in place to ensure patient safety. <p>The reports were noted by the Board.</p>	
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Bo.7.22.10	<p>Looking After Our People</p> <p>PC provided the following updates around looking after our people:</p> <ul style="list-style-type: none"> • She advised of the receipt of the workforce guidance regarding the withdrawal of covid-19 terms and conditions, primarily around sick pay and triggers. Between the 7th July and 3rd August, the HR team would be meeting with the 21 members of staff currently off on long term sick with covid and on 4th August these employees would be given formal notice that they'll transition back to normal contractual sick pay arrangements from 1st September. Employees would be managed through return to work, redeployment, or ill health retirement / dismissal on capability grounds on a case management basis. • The Wellbeing Wednesday bulletin had been launched as the 'Thrive Bulletin', currently focusing on financial wellbeing of staff and looking at what the Trust can do to support staff through the cost-of-living increases. • The mental health and wellbeing policy had been revised in replacement of the stress at work policy, simplifying the individual and team assessment documents around stress management. Anyone off work with a stress related illness will have an assessment completed. • There is a range of referral pathways available for mental health support for staff, with this remaining the highest reason for staff absence. Lots of staff support is available at both local and ICB level, and the psychology team are undertaking a mapping exercise in terms of the most appropriate referral pathway depending on condition. • Individual risk assessments for covid-19 have been relaunched following the revised guidance from NHS employers. All new starters would be required to undertake a self assessment and initiate an individualised risk assessment with manager if needed. • There would be a focus on appraisals and wellbeing over the next quarter. <p>The Board requested some further data on the percentage of staff currently absent due to reasons of mental health, and whilst PC advised she would provide this to colleagues outside of the meeting, it was recognised there would be a need to treat this with caution given that mental health is often triggered or emphasised from external factors and so there may be contributing factors outside of the Trust's control.</p> <p>The update was noted by the Board.</p>	<p>Director of HR Bo22013</p>
Bo.7.22.11	<p>Freedom to Speak Up (FTSU) Annual Report</p> <p>KD gave an overview of the FTSU annual report highlighting the following:</p> <ul style="list-style-type: none"> • The team have been fleet of foot in terms of the Ockenden Report, and in some areas have exceeded the minimum requirements. • There was a need to ensure better communication throughout all staffing groups. • Equality monitoring data is now included within the report, but due to the small volume of data available, it isn't possible to pull out 	

	<p>statistically significant themes.</p> <ul style="list-style-type: none"> • This year has seen an increase of concerns via the FTSU route. • Executive directors are being encouraged to complete FTSU online training and all line managers will be expected to complete this too. <p>The Board noted the report.</p>	
<p>Bo.7.22.12</p>	<p>Strategic Equality and Diversity Council Update</p> <p>MP gave an overview of the strategic EDC update recognising that some of the topics had been discussed under previous agenda items, but highlighted:</p> <ul style="list-style-type: none"> • The staff networks have been relaunched with new leads, and employees are being encouraged to get involved. • There is a new development offer for diverse staff at Band 7 and above. The Management level Apprenticeship Programme is being developed as a way to support aspiring leaders from either an Ethnic Minority background or those with long term health conditions into management and leadership roles within the Trust. The intent is to take this down to the next level of staff, and so the team are looking to develop a programme for bands 5-7. • There remains a continued focus on tackling health inequalities. <p>The Board noted the update.</p>	
<p>Section 4c: Finance and Performance</p>		
<p>Bo.7.22.13</p>	<p>Reports from the Chair of the Finance and Performance Academy – May and June 2022</p> <p>JL gave an overview of the reports from the Finance and Performance Academies in May and June 2022 highlighting the following:</p> <ul style="list-style-type: none"> • The primary focus has been on firefighting issues but this is now turning towards focusing on longer term planning. • The review of meeting effectiveness showed results similar to that seen in the People Academy regarding membership and effectiveness. • There had been fantastic work on improving Access through GP Assist which had seen a great increase in use (circa 400% increase) • There is a focus on the RTT improvement plan which has strong links to the health inequalities and waiting list analysis item due to be presented next. • From a finance perspective, there is an ask of CSUs to deliver £20m efficiencies, so focus needs to be drawn back to this, but it was recognised this is a big ask of them. • Month end finances are forecasting a break even position. <p>BS referred to the rating of the Trust’s stroke performance data and suggested that further emphasis is given to the stroke performance data within the report.</p> <p>The reports were noted by the Board.</p>	

Bo.7.22.14	<p>Waiting List Analysis</p> <p>CS joined the meeting to share the presentation on the health inequalities analysis of the waiting list. SA noted this was very much a starting point for the work, and there would be further work required not only at Trust level but also place.</p> <p>CS recognised the importance of understanding and using data to support the request in the planning guidance to tackle inequalities in opportunities, experience, and access. He outlined the methodology used to analyse the waiting list, which had informed the waiting list profile and identified that half the waiting list was made up of patients from the 20% most deprived areas (referred to as CORE20).</p> <p>The analysis produced the following key findings:</p> <ul style="list-style-type: none"> • CORE20 patients seem to wait longer for their first appointment as they are more likely to be on a routine pathway rather than fast track which has a longer wait time • CORE20 did not attend rates are higher than other patients • CORE20 patients appear to be less likely to be referred in via fast track 2 week wait pathways • There has been an increase in waiting time for the patients identified against the lower surgical priority during COVID-19 which has made some of the wait time gaps for CORE20 patients get bigger <p>The presentation detailed a few preliminary recommendations and next steps which included further analysis of the waiting list, working in conjunction with CSUs with variance in referrals to help identify reasons for this.</p> <p>JL noted the need to include other parts of the system in this work, such as primary care networks, given that they may have ideas and solutions for the issues raised throughout the presentation. In addition, she recognised the challenge in aspiring to be in the upper quartile for waiting lists whilst looking after patients in an area of one of the most deprived populations in the country. KW echoed these thoughts and expressed her interest in seeing the progress of this work tracked through the finance and performance academy.</p> <p>KD highlighted the number of patients accessing A&E services potentially due to primary care access, and queried if it would be possible to identify the percentage of fast-track referrals via A&E. In addition, she recognised other barriers to access for the Core20 areas, such as disabilities, access to transport, language barriers and reflected on the need to look at this more widely as part of access and inequalities.</p> <p>JHi queried whether data was collected on the reason for patients not attending appointments, recognising this may inform solutions. SA advised that this would be picked up as part of a wider discussion on next steps, to ensure that those actions that would make the largest difference are acted on as a priority. AS noted that these were complex problems and solutions would likely be as a result of collaboration between different systems including the wider NHS and academia.</p>	
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	<p>MP recognised the progress made in collaborative working throughout the system in that colleagues were looking at place-based solutions to these inequalities, rather than only seeking inwards solutions. She also noted that when more detailed ethnicity analysis is complete, it may highlight other inequalities, including in elective care. She emphasised the need to share the findings with the Clinical Advisory Board at the earliest opportunity to shine a light on the issues within the Bradford population.</p> <p>MM queried next steps to ensure Board remains sighted on progress, and SA confirmed he would have a discussion with RS/PR to agree how often to undertake this analysis and in turn, how frequently Board should be updated.</p> <p>The board noted the presentation and thanked SA and CS for their work on this.</p>	<p>Chief Operating Officer Bo22014</p>
<p>Bo.7.22.15</p>	<p>2022/23 Capital Programme</p> <p>MH introduced the presentation which sought Board approval of the capital programme for 2022/23 highlighting:</p> <ul style="list-style-type: none"> • The Trust has a capital programme value of £25.7m and the presentation detailed the plan for distribution of these funds. • There is the opportunity to secure funding for two additional projects – pharmacy aseptic unit and new day case unit at SLH – and bids were made for these. • Based on this plan allocation, £6.7m was initially retained to be allocated via a risk prioritisation process. Five schemes were reviewed via a 'dragons den' process, with presentations taken from the teams requesting the funding. The profile of the costs has enabled all schemes to be allocated capital funding and includes; The Ground Floor in the Maternity block, Equipment replacement in radiology room 6 together with a day case unit, single isolation rooms (which awaits completion of the feasibility study) and two digital solutions (WiFi and Edge). <p>The Board approved the capital programme for 2022/23.</p>	
<p>Section 4d: Quality and Patient Safety</p>		
<p>Bo.7.22.16</p>	<p>Report from the Co-Chairs of the Quality & Patient Safety Academy – May and June 2022</p> <p>MHu and JHi gave an overview of the reports from the Quality and Patient Safety Academies in May and June 2022 highlighting the following:</p> <ul style="list-style-type: none"> • There had been lots of discussions and negotiations with the quality improvement team and progress was being made on the dashboard. • The team had held an away day which was well attended by Academy members and the executive team. • There had been good presentations from therapies team and the pharmacy team to share the work their teams are doing. • The Academy received a urology serious incident report flagging 	

	<p>challenges with reporting of results but this also highlighted the need for the cascade and diffusion of that learning into other areas.</p> <ul style="list-style-type: none"> • The Nursing and Midwifery leadership council proposal and terms of reference were presented and approved. • The Academy recognised the challenge in getting business conducted within the time available. <p>The reports were noted by the Board.</p>	
Bo.7.22.17	<p>Childrens Services Update National Review into the Murders of Arthur Labinjo-Hughes and Star Hobson</p> <p>KD recognised that there is a current focus on children across the place, and improvement is needed in Bradford. The Star Hobson and Arthur Labinjo-Hughes review pulls out a lot of national learning but also highlights the lack of change and progress in relation to safeguarding children. The review highlighted some key problematic areas such as the lack of information sharing between agencies, a failure to trigger statutory processes, and a lack of specialist child protection skills in relation to complex risk assessments.</p> <p>The actions specific to BTHFT include:</p> <ul style="list-style-type: none"> • All agencies to ensure that the pre-brith assessment procedures are available to relevant staff and that they have highlighted their existence. • Review the specialist pathway for teenage mothers aged 16 and 17. • Child Protection Medical Assessemnts to be reviewed in the light of the learning from this case. • Staff to commence a dynamic chronology when they become aware of emerging safeguarding • Routine enquiry about domestic abuse embedded in professional practice of midwifery and health visitor services <p>In terms of next steps, local plans have been developed by BTHFT to feed into the wider system actions. In addition, actions and updates will be shared via safeguarding meetings and into Quality Academy.</p> <p>JHi queried if GDPR is limiting the ability to share data or if there is simply a culture of bad practice. KD advised the mantra is that confidentiality does not apply in safeguarding, however the issues in the two cases reviewed the concerns raised were at a low level and there is no way to share these concerns unless it is ramped up to a safeguarding enquiry, so the Place needs to develop a way to share these low level concerns.</p> <p>MM queried the numbers of 16-17 year old mothers, and KD advised SH has been tasked to find out these numbers and would share details with Board.</p> <p>KW recognised that people experiencing domestic abuse may not share this with agencies even when asked, which can make this a difficult issue to tackle. In addition, those that are not suffering abuse may be affronted by being asked and it can put them off connecting with those</p>	<p>Director of Midwifery Bo22015</p>

	<p>services. It was also recognised that when a family member is the interpreter, it can be difficult to ask those questions and so the appropriate translation service needs to be used. KD advised that the translation service colleagues often work in the community so this can be off putting to patients, but work is ongoing with the university to identify people that can support with clinical translation when required to address this.</p> <p>Update on SEND Inspection</p> <p>KD updated on the city-wide inspection that took place in March 2022 to review the effectiveness of implementation of the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014. The outcome letter detailed five areas of concern:</p> <ul style="list-style-type: none"> • Poor communication between stakeholders • Variable quality of EHC plans • Inconsistent delivery of the 0-19 services • Children and young people waiting too long for assessment, treatment and diagnosis • Education, health and care services not working well together <p>In terms of next steps in relation to the SEND Inspection, a coordinated response and action plan is being developed across all agencies but BTHFT would need to review and revise services to identify any challenges in service delivery to inform how we develop services across the district. Board would be kept updated as and when appropriate.</p>	
<p>Bo.7.22.18</p>	<p>Maternity Services Update</p> <p>SH joined the meeting to provide an update on maternity services throughout May and June and highlighted the following:</p> <ul style="list-style-type: none"> • HSIB escalation of concerns letter had been received and responded to; there were a number of concerns regarding the use of interpreting services, missed opportunities for growth ultrasound scans, failure to complete small for gestational age audits, and discrepancies in audit data provided. • The Q4 Avoiding Term Admissions into NNU Review showed that the overall rate of term babies admitted into NNU remains consistently lower than the national average and the GIRFT review complimented services on the ATAIN rate. • The Maternity Digital Quality and Safety Summit was held identifying issues post Maternity Cerner go-live, particularly around data reporting and look at how best to address this. • Regional Maternity Team Ockenden Assurance visit held which was complimentary of the service as a whole and the team felt assured that the 7 'immediate and essential actions' from the Ockenden report have been embedded. There were a number of soft/low level recommendations to consider. • The Saving Babies Lives Care Bundle v2 surveys had resumed following a national pause and overall results were positive but there remained some concerns around the digital elements. • The high level implementation plan for Maternity Continuity of Care was reviewed and resubmitted to the regional team on 15th June. Safe staffing numbers is the main priority which should be achieved by 	

	<p>October / November following which continuity of carer plans will be resumed.</p> <p>SH updated on the management of SIs within maternity, advising that all cases of moderate or severe harm are dated and referred as appropriate to identify the level of investigation required. All cases meeting the HSIB criteria are referred to the regional HSIB team following obtainment of parental/next of kin consent. HSIB will then either accept or decline to investigate, and their investigations take on average 4-8 months to complete. SH highlighted that both internal and HSIB SIs follow the same immediate processes and final reports are shared with the family and team, and the family are invited to a meeting to discuss the report if they'd like to.</p> <p>The update was noted by the Board.</p>	
Bo.7.22.19	<p>Covid-19 Vaccination Programme</p> <p>KD updated on the Covid-19 vaccination programme, noting that the Autumn campaign would start in early September and would likely be for cohorts 9 and above. Funding would be on a cost per job basis, with another two pots of funding available which the team were preparing a bid for at place level (one for surge, one for addressing inequalities). The addressing inequality bid centred around providing costs to cover the overheads for a pop up clinic, which would not be cost effective on a cost per job basis.</p> <p>KD also advised that the majority of vaccines are now delivered at PCNs or community pharmacies. Jacobs Well has large numbers of overheads associated, and with the new financial modelling, the value for money no longer balances. A detailed piece of work was presented at the executive team meeting on Monday and will go to the place leadership team meeting on Wednesday to discuss the decommissioning of Jacobs Well. However, there would remain a base to run a pop up service for the harder to reach population, and community venues would be used for this purpose to reduce overheads.</p>	
Bo.5.22.20	<p>Infection Prevention & Control (IPC) Q4 Report</p> <p>KD introduced the report which summarises progress against the infection prevention and control work plan for 2021/22 and sets out the Trust's infection control activities and performance between October 2021 and January 2022. KD highlighted the following:</p> <ul style="list-style-type: none"> • The report details two innovative practices throughout Covid, including the development of an IPC link practitioner competency book and the pop up mobile banner IPC training. • Antibacterial body wash has been provided for all inpatient admissions to try and reduce the levels of hospital acquired MRSA. • Claire Chadwick, Director of IPC is due to retire shortly, with her replacement due to start mid-August and a three month handover period planned. The board noted their thanks to Claire for the excellent work she had done for the Trust. 	

	<p>The Board noted the report and approved the actions and mitigations within.</p>	
Bo.5.22.21	<p>Research Activity in the Trust</p> <p>RS introduced the paper which aimed to address the disconnect felt between the Board and the world class research team operating within the Trust. The paper detailed engagement exercises that the research team are working on with the clinical teams, and RS highlighted in particular the Learn Together programme and the successes already seen within this.</p> <p>The Board noted the paper.</p>	
Section 4: Partnerships		
Bo.7.22.22	<p>Partnerships Dashboard</p> <p>LP gave an overview of the partnerships dashboard and noted that this was the position as at the end of May, so did not reflect the recent changes to the ICB governance arrangements. These changes would be reflected in the next update provided to Board in September.</p> <p>The Board noted the update.</p>	
Bo.7.22.23	<p>Strategic Partnering Agreement & Bradford District & Craven Partnership Terms of Reference</p> <p>The Board was asked to formally approve the Strategic Partnering Agreement (SPA) which has been updated to reflect the new arrangements in place from 1st July. The changes were developed with a stakeholder group consisting of colleagues from all organisations.</p> <p>The Board approved the SPA and Terms of Reference.</p>	
Section 5: Governance		
Bo.7.22.24	<p>Report from the Chair of the Audit Committee – 24 May 2022 and 21 June 2022</p> <p>BAS noted the report detailed the key points and issues raised at the above meetings and invited any further comments or questions.</p> <p>The Board noted the report.</p>	
Bo.7.22.25	<p>Academy Annual Reports and Terms of Reference</p> <p>LP introduced the Academy Annual Reports which describe the work done by academies and provides assurance that they are operating under their terms of reference. All academies have reviewed their effectiveness, and the initial outcomes were presented to the June academies with further work to be done to review ways of working, membership, and ensuring workplans are aligned with the terms of reference.</p>	

	<p>For Finance and Performance and People Academies, the review demonstrated that most attendees thought they were operating effectively but there were a few areas of improving including hearing more from patients and the cast list being more representative of front line staff. For the Quality Academy, attendees wanted more around patient voice and involvement.</p> <p>The terms of reference have been updated to reflect the updated risk management strategy and to confirm expected attendance levels in line with internal audit recommendations.</p> <p>The Board noted the annual reports and approved the changes to the terms of reference.</p>	
Bo.7.22.26	<p>Annual Health & Safety Report</p> <p>CD introduced the annual report covering the 2021/22 period highlighting the following:</p> <ul style="list-style-type: none"> • Health and Safety compliance levels had reduced due to covid-19 impacting on training but were beginning to increase again. • The numbers of incidents categorised to 'unsafe environment' had increased, but this could be explained due to all covid-19 absences being coded to this category. • Significant improvements have been made in fire safety, including a new fire safety team with the department and fresh fire risk assessments completed across the entire estate. <p>The Board approved the report and the action plan.</p>	
Bo.7.22.27	<p>Board Assurance Framework and High Level Risks</p> <p>LP introduced the board assurance framework noting that there was no change to the overall risk score for each objective.</p> <p>The Board confirmed it is assured that all risks on the High Level Risk Register and BAF are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.</p>	
Section 6: Board Meeting Outcomes		
Bo.7.22.28	<p>Any Other Business</p> <p>No other business was discussed.</p>	

Bo.7.22.29	Issues to Refer to Board Academies or Elsewhere There were no issues to refer to the Board Academies or elsewhere.	
Bo.7.22.30	Date and Time of Next Meeting 22 nd September 2022 09:30	

ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 14 July 2022

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
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. 12.05.22 – Still to be arranged later in the year. To remain open. 13.9.22 – still to be arranged – to remain open
Bo22006	Bo.3.22.19	Partnerships Board 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 12.05.22 – Work ongoing on new governance structure. Will be circulated when complete. To remain open. 13.9.22 – Currently in progress.
Bo22013	Bo.7.22.10	Looking After Our People PC to update Board offline with further data on the percentage of staff currently absent due to reasons of mental health.	Director of HR	September 2022	24.08.22 – PC confirmed email sent to NEDs on 23/08/22 therefore action can be closed.
Bo22014	Bo.7.22.14	Waiting List Analysis SA to have a discussion with RS/PR to agree how often to undertake this analysis and in turn, how frequently Board should be updated.	Chief Operating Officer	September 2022	The Board will be updated every six months, with the next update to be provided in March 2023
Bo22015	Bo.7.22.17	Childrens Services Update MM queried the numbers of 16-17 year old mothers, and KD advised SH has been tasked to find out these numbers and would share details with Board.	Director of Midwifery	September 2022	