

## BOARD OF DIRECTORS' OPEN MEETING MINUTES, ACTIONS & DECISIONS

At a scheduled meeting in public, of the Board of Directors of Bradford Teaching Hospital on 10<sup>th</sup> September 2020, with Dr Maxwell Mclean in the Chair, and Mr John Holden acting as Trust Secretary, the minutes of the previous meeting on the 9 July 2020 were read and approved.

Signed: \_\_\_\_\_ Chairperson

Signed: \_\_\_\_\_ Trust Secretary

In light of the Government restrictions to groups of people meeting, our meeting of the Board of Directors took place virtually, and was not open to the public. The agenda and papers were available on our website and a mechanism was put in place for to enable feedback in relation to their content

The system that the Trust uses for virtual meetings enables recording of the discussion and the use of a comments panel. The comments have been included in the production of the minutes.

<b>Date:</b>	Thursday 9 July 2020	<b>Time:</b>	08:30-12:30
<b>Venue:</b>	Virtual Meeting (WebEx and Phone)	<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>- Ms Trudy Feaster-Gee (TFG)</li> <li>- Mr Mohammed Hussain (MHu)</li> <li>- Ms Julie Lawreniuk (JL)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Professor Laura Stroud (LS)</li> <li>- Ms Selina Ullah (SU) (except for 10am to 11.40am)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive (MP)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Dr Bryan Gill, Chief Medical Officer (BG)</li> <li>- Mr John Holden, Director of Strategy &amp; Integration (JH)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mrs Sandra Shannon, Chief Operating Officer (SES)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)</li> <li>- Cordy Gaubert, Physiotherapist (CG) and Jay Gokhale, Consultant Surgeon (JG) for agenda item Bo.7.20.3 – Patient Story</li> <li>- Kez Hayat, Head of Equality, Diversity &amp; Inclusion (KH) for agenda item Bo.7.20.21 – Equality Update and Workforce agenda items</li> <li>- Sara Hollins, Head of Midwifery (SH) for agenda item Bo.7.20.13 – Maternity Services Update.</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>- Mr Dermot Bolton, Public Governor</li> <li>- Mr Amit Baghwat, Public Governor</li> </ul>		

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<b>Section 1: Opening Matters</b>		
	<b>Chair's Opening Remarks</b> MM welcomed the Board of Directors. MM referred to the agenda items to be considered during the course of the meeting.	
<b>Bo.7.20.1</b>	<b>Apologies for absence</b> Apologies for absence were noted from the following: - Mr Jon Prashar (JP), Non-Executive Director - Ms Selina Ullah (SU) (for 10am to 11.40am)	
<b>Bo.7.20.2</b>	<b>Declaration of Interests</b> MM asked the Board of Directors (following their review of the agenda and associated papers, and confirmation from the Board that there were no Matters Arising) if they had any Declarations of Interest to make. There were no declarations of interest made by members of the Board of Directors.	
<b>Bo.7.20.3</b>	<b>Patient Stories</b> KD introduced the patient story and explained that today's story was about 67 year old Samuel Clements who was diagnosed with esophageal cancer after experiencing difficulties in swallowing food. KD explained that Samuel contacted the Patient Experience Team to talk about his cancer treatment at the Trust. He spoke very highly about the care, support and kindness he received from specialist staff throughout his cancer treatment. Whilst Samuel was extremely happy with his care, he wanted this opportunity to share his thoughts about what could be improved or changed to enhance patient experience. He suggested that that the discharge process could be improved as some patients were left waiting for long periods before being discharged awaiting medication on the day of discharge. He felt that better communication with dispensing services was needed as patients could not leave until they received their medication. A further suggestion was that patients should remain on their wards until all medication and paperwork was complete rather than having to sit in the discharge lounge which was a busy waiting area.  KD introduced Jay Gokhale, Consultant Surgeon (JG) to talk about his experience with Samuel as a patient. JG explained that understandably when Samuel was given his diagnosis by JG he was naturally worried but at the same time he was a very engaging and positive individual. Samuel was given the opportunity to visit the Intensive Care Unit (ICU) prior to his surgery in order to understand what to expect on the day of his surgery. During this visit Samuel met staff and other patients and this gave him the confidence and reassurance he needed for the journey ahead. Samuel felt that the hospital atmosphere was friendly and compassion was prevalent amongst all staff he came across throughout this treatment.  MM welcomed Cordy Gaubert, Physiotherapist (CG) to the meeting. CG provided essential physiotherapy treatment for Samuel following his surgery. CG explained the process for a patient following this type of surgery and explained that the role of the Physiotherapist is to work with the patient from day one following surgery to help reinflate the lungs and provide other essential physical support. CG explained that Samuel was	

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	<p>understandably very weak but yet very engaging to get through the process to help his recovery.</p> <p>MP asked colleagues if they had seen the letter received from Samuel which she found to be very inspirational and positive. MP agreed to circulate the letter to the Board of Directors.</p> <p>MM confirmed that the discharge procedure in relation to medication will be reviewed following the feedback from patient.</p> <p>KD wished to use this opportunity to thank the Physiotherapy Team and the General Surgeons for the way they work with patients following surgery but also with how they have worked with Covid-19 patients in recent months to help with their recovery.</p> <p>The following comments were captured from the Webex Comments Panel:</p> <p><i>SES: What a brilliant story this is. Having had a husband seriously ill in another ICU previously it is really heart-warming to hear such dedication and positive teamwork.</i></p> <p><i>BG: MDT working at its best.</i></p> <p><i>SU: Very impressive, the personalised care is truly awe inspiring. How can we make more of this story?</i></p> <p><i>JH: Depends on consent but I think we could publicise.</i></p> <p><i>JL: Great example of one team.</i></p> <p>MM thanked JG and CG for attending the meeting and sharing Samuel's story with the Board of Directors.</p>	<p>Chief Executive</p> <p>Chief Nurse</p>
<b>Section 2a: Business from Previous Board Meeting</b>		
<b>Bo.7.20.4</b>	<p><b>Minutes of the Meeting held on Thursday 27th May 2020</b></p> <p>The minutes of the meeting held on the 27th May were approved as a true and accurate reflection of discussions and decisions at the meeting subject to the following changes:</p> <ul style="list-style-type: none"> <li>- <b>Bo.5.20.16 Maternity Services Update</b> – post meeting note added as follows: SU enquired (<i>through the comments panel</i>) about number of home births. KD advised that the service has reinstated in recent weeks and there have been 3 home births since.</li> <li>- <b>Bo.5.20.17 IPC Board Assurance Assessment</b> – Fifth paragraph amended to: TFG asked whether the Trust has done what it can in terms of testing whether items are safe to re-use after safe decontamination as we are using a high number of these and will be for some time yet therefore the ability to reuse is important. KD explained that there is clear national guidance about only reusing single use items when there is a stock outage. The only single use item reused is visors. MP endorsed what KD said.</li> </ul>	

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<b>Bo.7.20.5</b>	<p><b>Matters Arising</b> The following actions from the log were reviewed and the outcomes agreed.</p> <ul style="list-style-type: none"> <li>• <u>27/05/2020 Bo.5.20.9 Report from the Chief Executive:</u> Maternity – moving to outstanding: MP proposed this is added to June’s Board development session. Added to the agenda of the Board Development Day scheduled for 1/7/2020. <u>Action Completed.</u></li> <li>• <u>27/05/2020 Bo.5.20.13 Quality Dashboard:</u> TFG queried the increase in relation to pressure ulcers. KD will provide a response in relation to this. Updated at ERC. <u>Action complete</u></li> <li>• <u>27/05/2020 Bo.5.20.17 IPC Board Assurance Assessment:</u> The BAF is a useful document and will be updated on a monthly basis and reviewed as part of infection prevention and control arrangements. Infection Prevention and Control (in relation to COVID) is reported on a monthly basis to Board or Board Committees and will need to be a standing item. To be added to the Board and Board Committee work plan. <u>Action complete</u></li> <li>• <u>27/05/2020 Bo.5.20.17 IPC Board Assurance Framework:</u> Due to time constraints it was agreed that SU and MHu will liaise with KD directly in relation to some additional questions. KD to share the questions and response with the Board of Directors. Response provided at agenda item B0.5.20.35. <u>Action Complete.</u></li> <li>• <u>27/05/2020 Bo.5.20.19 Finance and Performance Dashboard:</u> The Board needs time to understand the implications of the new financial regime and the opportunities from system working. It was agreed to add this to a future Board Development meeting. Added to the agenda of the Board Development Day scheduled for 1/7/2020. <u>Action Complete</u> as item was discussed on 1 July but as there is still uncertainty as to what opportunities and risks the new financial regime will provide it was agreed to add to agenda for the next Board Development Day.</li> <li>• <u>27/05/2020 Bo.5.20.24 Board Assurance Framework and Risk Appetite Statement:</u> MP stated that recommendations that come out of the governance review in relation to risk appetite will be added to the Board Development session. Added to the agenda of the Board Development Day scheduled for 1/7/2020. <u>Action Complete.</u></li> <li>• <u>27/05/2020 Bo.5.20.25 Review of Compliance with the NHS Foundation Trust Code of Governance.</u> Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. <u>Action Complete.</u></li> <li>• <u>27/05/2020 Bo.5.20.26 Division of Responsibilities: CEO and Chair</u> Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. Agenda item circulated on 27/5/2020 responses collated</li> </ul>	<p>Director of Governance &amp; Corporate Affairs</p>

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	<p>and presented at agenda item Bo.5.20.36. <u>Action Complete.</u></p> <ul style="list-style-type: none"> <li>• <u>27/05/2020 Bo.5.20.27 Non-Executive Director Independence Test.</u> Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. Agenda item circulated on 27/5/2020 responses collated and presented at agenda item Bo.5.20.36. <u>Action Complete.</u></li> <li>• <u>27/05/2020 Bo.5.20.28 Self Certification of the NHS Provider Licence.</u> Due to time constraints it was agreed that TC would email Board members with a summary of the request/rationale for a virtual review. Each Board member to email TC by return directly and copy in the corporate governance email address with either their approval, or any additional information required to support their approval. TC available to talk to any Director directly with regards to the submission. Agenda item circulated on 27/5/2020 responses collated and presented at agenda item Bo.5.20.36. <u>Action Complete.</u></li> <li>• <u>27/05/2020 Bo.5.20.35 Questions received subsequent to the meeting of the Board of Directors.</u> TC to provide information about compliance with the policy for the management of procedural documents at the next Regulation Committee meeting Item added to the agenda for the regulation committee scheduled for the 18<sup>th</sup> June 2020. <u>Action Complete.</u></li> </ul>	
<b>Section 2b: Business from Executive and Non-Executive Regulation Meeting</b>		
<b>Bo.7.20.6</b>	<p><b>Minutes of the Meeting held on Thursday 18th June 2020</b></p> <p>The minutes of the meeting held on the 18th June were approved as a true and accurate reflection of discussions and decisions at the meeting.</p>	
<b>Section 3: Business Reports</b>		
<b>Bo.7.20.7</b>	<p><b>Report from the Chairman</b></p> <p>MM asked the Board to note the contents of the report which focussed particularly upon activity and engagement related to the Council of Governors. MM requested that the Board take particular note of the Non-Executive Director recruitment process and although the report states a longlist of eight candidates has been agreed it is actually a longlist of nine candidates following a late application which was accepted due to mitigating circumstances.</p> <p>The Board of Directors noted the report from the Chairman.</p>	
<b>Bo.7.20.8</b>	<p><b>Report from the Chief Executive</b></p> <p>MP provided a verbal report to the Board of Directors and made the following key points:</p> <ul style="list-style-type: none"> <li>• West Yorkshire Health Partnership: normal governance and meetings continue in a modified way with a weekly Covid-19 briefing</li> </ul>	



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	<p>delivered by Rob Webster. A full partnership Board took place on 2 June and this was attended by both MM and MP.</p> <ul style="list-style-type: none"> <li>• The Integrated Care System (ICS) has continued to see a decline in the numbers of patients presenting with Covid-19. This decline in numbers has been variable. Bradford continues to have greater numbers of Covid-19 patients in our hospitals than elsewhere in the region although encouragingly those numbers are now reducing and this week in particular has been most encouraging. SES will provide further details within her presentation later in the meeting. Work at ICS level has focussed on the following areas: <ul style="list-style-type: none"> <li>○ Continued collaborative working between all sectors including health care, social care, local authority and voluntary sector to elicit the strongest and most cohesive place based response to the immediate and future challenges.</li> <li>○ Understanding the wider implications of the pandemic from a health, social and economic perspective and in particular the disproportionate impacts on BAME communities and BAME staff.</li> <li>○ Creating resilience in the care home sector.</li> <li>○ Planning for Phase 3 and beyond with the approach focussing on being clinically led, patient and staff safety focussed, aimed at reducing inequalities and building on existing engagement processes. The Phase 3 prep work which continues through July will focus on a system wide approach to urgent and elective priorities. A focus on the Access to Healthcare will look at managing non elective care in the most appropriate setting whilst preparing for any potential resurgence of the virus in addition to the normal seasonal impacts associated with winter.</li> </ul> </li> <li>• MP continues to lead on PPE on behalf of the ICS and is also the link Chief Executive for the Nightingale Hospital in relation to critical care and major trauma on behalf of the ICS.</li> <li>• PLACE: mobilisation of our system wide programme for recovery “Act as One” continues at pace. The first Bradford District and Craven Health and Care Partnership Board meeting took place on 3 July. Each of the workstream Senior Responsible Officers (SROs) presented at the meeting to explain their planned approach to transforming pathways of care and the overhaul of the traditional mechanisms to access planned care. The SROs from our Trust include SES, JH and KD with CF continuing to lead the digital enabling workstreams. The Access to Healthcare workstream led by SES has an urgent focus in particular as we restore our ability to see our patients who would normally access care via their GP in an outpatient consultation or with a diagnostic test.</li> </ul> <p>MP, SES and BG participated in the Clinical Advisory Board meeting with the 16 Primary Care Network (PCN) Clinical Directors to outline the ways in which the system can work together to review the way in which care is delivered to patients. JL commented she was pleased</p>	

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	<p>to hear about the work with PCNs.</p> <p>MP participated as a stakeholder representative for the recruitment process of the new Chief Executive Office at Bradford District Care Trust (BDCT) at the end of June. This week BDCT announced that Therese Patterson who is currently the Director of Strategy at Southport and Ormskirk Hospital in the North West was appointed and will join BDCT late summer/early autumn.</p> <p>As colleagues will be aware there was national media coverage last week relating to the rate of Covid-19 infections in the Bradford district as we had the second highest rate in the country and the concern that if the rates were to escalate then it may lead to a local lockdown as has occurred in Leicester. The District Gold Command panel met to review the data on incidence and prevalence of the virus across the district and whether everything was being done to control the spread of the virus. MP was pleased to advise that rates continued to decline and there were no immediate actions in relation to stepping up lockdown restrictions at this time. MP advised that Helen Hirst and Kersten England represented the Bradford health sector at a meeting the previous week with Matt Hancock and his team and were given sufficient assurance that no imminent lockdown was required for Bradford but the centre continues with national surveillance until our rates align to other areas of the country. MHu asked if we have had any feedback from Leicester hospitals as to what the lockdown has meant for them. BG said he has spoken to the Medical Director at Leicester and the inpatients picture he described was almost identical to Bradford's but the hospital has not seen a change to the impact of the higher number of Covid-19 patients recently to that previously. KD has also had a similar discussion with the Chief Nurse at Leicester hospital.</p> <ul style="list-style-type: none"> <li>The Trust: a great deal of work is ongoing in order to prepare the Trust to start switching services back on in terms of elective care for patients who have been waiting for treatment. The key priority is to ensure that this can be done safely by ensuring there are sufficient supplies of PPE as more activity will result in higher utilisation of PPE and also ensuring that the environment is safe to ensure social distancing. Patients with the most urgent clinical needs are being prioritised and SES is working closely with CBUs to ensure the Trust is ready to treat an increasing amount of patients safely.</li> </ul> <p>Staff testing: MP reported that antibody testing for staff was introduced during June which is a single blood test that indicates whether members of staff have contracted Covid-19. To date 80% of staff have been tested with the results showing that 21% tested positive.</p> <p>MP and KD have had a second teleconference with five local MPs in terms of the impact of Covid-19 and areas of particular interest were visiting times and restoration of services. A further call is scheduled to take place in a month. This is an effective way of allaying anxiety of constituents. The MPs wished to convey that they are very</p>	

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	<p>grateful to all Trust colleagues for their efforts throughout the last four months.</p> <p>MP and BG recently participated in two WebEx meetings with Trust Consultants. MP delivered a presentation on the Act as One Programme including the Access to Health workstream which forms an important part of our restart work. MP also addressed the population health pathway workstreams to encourage the need for colleagues to become actively involved in these workstreams.</p> <p>MP wished to inform the Board of Directors that CF will be leaving the Trust in September to return to her homeland of Canada to a new role as a Regional CIO. CF has led the digital transformation of the Trust and leaves an incredible legacy of digital advancement, innovation and improvement that is recognised as exemplary. MP conveyed her heartfelt thanks and good wishes to CF as she embarks upon her new adventure. The recruitment process for her successor will be commencing in conjunction with Airedale.</p> <p>The Trust has continued to see an increase in Accident and Emergency Department (AED) attendances on a daily basis almost to normal levels that we would expect to see at this time of year yet we have seen an achievement of 99% plus of the 4 hour standard in the last few days. This is great news for the Trust and for patients and we continue to aim to achieve at least 95% of the standard. MP wished to thank SES and her team for their hard work.</p> <p>LS asked about predicted analysis intelligence on public health and whether we are working as a PLACE with all the organisations in relation to potential pockets that haven't surfaced in healthcare which might give us an indication of health needs and future inequalities which may not come through our own data. MP said a wholesome response as a district has been seen in relation to these issues and we are fortunate to have John Wright, Director of Research who has been working closely with the Public Director of Health. We have various sources of information including heat maps where we can see where the pockets are and this is reviewed by District Gold in order to measure impact as we move forward. KD wished to add that based on the learning from Leicester and recent discussions a system wide infection prevention and control meeting will be taking place on a weekly basis with the aim of helping to reduce infections.</p> <p>MM thanked MP for her comprehensive summary.</p>	
<b>Bo.7.20.9</b>	<p><b>Covid-19 Response</b></p> <p>SES explained that the presentation covers phase 2 and 3 in terms of the management response to the pandemic and made the following key points:</p> <ul style="list-style-type: none"> <li>The positive news is that the Trust is now seeing a reduction in the number of Covid-19 inpatients and a reduction in the number of deaths from the virus.</li> </ul>	



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	<ul style="list-style-type: none"> <li>Focus continues on keeping staff safe and SES confirmed that the Trust has sufficient stocks of PPE. Risk assessments continue to be undertaken in clinical and non-clinical areas to ensure a safe environment for all staff.</li> <li>In terms of the impact on performance, it has been both positive and negative. The performance for March has been included within the presentation in order to provide a comparison.</li> <li>AED attendances: previously the Trust has struggled to achieve the 4 hour Emergency Care Standard due to high attendances, the small size of the department and crowding and this was a driver for the development of the blue zone business case. Emergence of the virus and the need to implement a Covid and non-Covid pathway within AED has enabled us to implement our aspirations faster and this has significantly improved some pathways. The medical assessment aspect of majors has been moved to the Medical Assessment Unit and Acute Physicians and AED staff work side by side which has significantly improved that pathway. Also an improved "see and treat" facility for early assessment has been implemented. Given that we no longer have the GP stream which dealt with approximately 35/40 patients per day we are now down by approximately 40 attendances to pre-Covid performance which demonstrates that the new ways of working are having a positive impact on performance.</li> <li>A reduction in two week wait referrals was seen in recent months but this is now increasing week by week. A key area of concern is the 62 day pathway with an increase in numbers. We are absolutely focussed on prioritising our limited surgical pathways capacity to where cancer disease progression is time sensitive and patients are reviewed regularly by the multi-disciplinary team and we are keeping a track on patients that are shielding and the focus remains on safety.</li> <li>RTT incomplete waiting list: we have seen more of deterioration in performance than expected but this is predominantly due to stopping routine referrals and therefore the denominator has reduced i.e. due to the absence of new referrals. The focus is on treating patients according to clinical priority.</li> <li>We continue to focus on increasing elective activity as part of our restart plan and have submitted our full year restart plan to NHSE/I. We submitted a conservative submission taking into account the likely impact of winter and the loss of productivity due to the need for increased PPE and safe environment requirements. The super green surgical ward has been opened and we continue to prioritise surgery for the most clinically urgent patients. We continue to utilise the independent sector, mainly Yorkshire Clinic to undertake elective and outpatient activity and in particular for haematology and oncology which is working really well. Routine outpatient and diagnostic referrals have re-opened and routine endoscopy has</li> </ul>	

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	<p>restarted.</p> <ul style="list-style-type: none"> <li>Recent guidance was received from NHSE/I Chief Operating Officer and the key messages include: <ul style="list-style-type: none"> <li>Continue to avoid face to face meetings but consider virtual reinstatement of some of the governance meetings paused during COVID-19 e.g. Councils of Governors, Members' Meetings, and membership engagement governance meetings.</li> <li>Some national clinical audits and outcome review programmes (HQIP) will recommence and RTT waiting times and waiting list numbers will be reported at Trust level but there is an expectation of system working to allow a greater sharing of demand and capacity.</li> <li>Focus remains on vulnerable staff and the need for sufficient support and assessment of risk.</li> <li>Staff are encouraged to take annual leave.</li> </ul> </li> <li>The future delivery of healthcare will be based on a PLACE based 'Act as One' framework. This will incorporate the shorter/ medium term restart planning plus longer term transformation. A key part of this is the Access to Healthcare Programme for which SES is the SRO. SES has delivered presentations to a number of stakeholders including the Primary Care Network Clinical Advisory Board and the Joint Health and Care Partnership Board. We are working closely as a system and using our digital platforms to underpin this transformation by sharing clinical records, patient portals and communication tools. A number of key principles have been agreed as follows: <ul style="list-style-type: none"> <li>Patients should be treated in the place that most appropriately meets their needs and by the professional with the most appropriate skills.</li> <li>All professionals across the patient care continuum will be equal partners.</li> <li>We will implement a standardised approach regardless of organisation.</li> <li>We have agreed a PLACE based approach to demand and capacity management. Demand currently outstrips supply; there is room for new providers.</li> <li>Patients should be managed at the lowest tier possible. (We can reset patient expectations and focus on prevention and health promotion).</li> <li>Care will be based on outcomes and not based on demand.</li> </ul> </li> <li>We need to consider how to reach out to patients who should have sought GP support but haven't yet. Some good discussions have taken place with Airedale on how to create surgical hubs with particular focus on orthopaedics – both Trusts are working together to create a green area for those patients that may not be clinically urgent but their health issue is having a negative impact on their day to day life.</li> </ul> <p>MM said it was great to see the energy being put behind the happy,</p>	

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	<p>healthy and at home initiative and it was extremely useful to see the table summarising the operational performance from the impact of Covid-19.</p> <p>JL thanked SES for the insightful presentation and it is good to see the fantastic results in AED. JL added that it will be good to see what we can learn and mainstream going forward through the future academies.</p> <p>CF commented that the digital work to enable the PLACE Access to Healthcare Programme is also being done at PLACE – leveraging our collective resources and assets to complete the work and provide the tools.</p> <p>MM thanked SES for the informative update.</p>	
<b>Section 4: Delivery of the Trust's Clinical Strategy</b>		
<b>Bo.7.20.10</b>	<p><b>Strategic Risk Register</b></p> <p>MP presented the Strategic Risk Register and wished to provide assurance that whilst the work of the Integrated Governance &amp; Risk Committee (IGRC) is suspended the Executive Directors have continued to review risks within their portfolios to ensure risks are appropriately managed and this will be strengthened further in the reset from September 2020.</p> <p>The Board noted the contents of the report.</p>	
<b>Bo.7.20.11</b>	<p><b>Integrated Dashboard</b></p> <p>MP explained that the dashboard traditionally relies on trends and performance over time. However there is a note of caution to be noted that there is no fresh data for some elements of the dashboard since March due to normal operations being largely suspended and we are doing a lot of things that are not being reported in the dashboard.</p> <p>The Board noted the contents of the dashboard.</p>	
<b>Section 4a: Quality</b>		
<b>Bo.7.20.12</b>	<p><b>Quality Dashboard</b></p> <p>MM invited BG and KD to draw to the attention of the Board the key items of note from the dashboard.</p> <p>BG referenced the following key item in detail:</p> <ul style="list-style-type: none"> <li>• Crude Mortality: As predicted, due to COVID-19 impact, the crude death rate rose but has subsequently reduced. It is anticipated that as our activity returns to more normal levels the crude death rate will realign towards previous rates although it may always remain higher as we deliver services differently.</li> <li>• Hospital Standardised Mortality Ratio (HSMR) and our Summary Hospital-level Mortality Indicator (SHMI) demonstrate that the Trust is 'within expected' range for both these metrics. It is unclear what will happen to the HSMR as a result of the COVID-19 pandemic although this will be delayed for many months.</li> </ul>	

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	<ul style="list-style-type: none"> <li>The Trust is recruiting jointly with Airedale for the Lead Medical Examiner role. Expressions of interest have been received and the closing date is tomorrow. Progress of the work of the Lead Medical Examiner will be made to the Board of Directors going forward.</li> </ul> <p>KD referenced the following key item in detail:</p> <ul style="list-style-type: none"> <li>Maternity indicators: KD wished to bring the Board's attention to the improvement of the maternity indicators and in particular the still birth rates and 1:1 care in labour. MM asked what are we doing right to help the improved performance in stillbirth rates. KD said we have made a lot of incremental changes over the last three years, we have taken learning from serious incidents, we have made changes to the way we run our maternity assessment centre, we have recruited extra Obstetricians over the last few months – it has been a range of actions. BG added that it is important to recognise that the critical way in which we will improve our overall outcomes for pregnant women is to focus at a system level. This is why the Better Births programme which is part of our healthcare partnership work is going to be crucially important to reach out to the women and families who are at highest risk. The evidence shows that the more we focus outside the hospital, the more we will impact on our antenatal stillbirth rates.</li> </ul> <p>BS queried the sepsis indicator which shows that we are flat lining rather than improving and asked what the barriers to improving this are and what actions are being taken. BG said this is a retrospective measure and it requires an analysis of individual records around our sepsis alerting patients. Covid-19 has changed that dynamic in terms of the number of patients with sepsis. We are now testing our new deteriorating patient tile which will provide an early warning indicator of deterioration of which sepsis is one of the factors. This will help make a step change in the sepsis work and Claire Nandha, Sepsis Specialist Nurse is leading work to test this in two ward areas that were under performing in relation to sepsis work. BG is confident that an improvement will be seen in this programme of work. BS asked whether Claire has the support she requires to progress the sepsis work and BG confirmed she does and she is incredibly enthusiastic.</p> <p>BS asked how we are performing in relation to stroke and what actions are being taken to further improve this. BG explained that we have been monitoring SSNAP high level data throughout the Covid-19 outbreak and performance remains the same as it was pre-Covid. Focussed work has been on hold during the pandemic but this will recommence as part of the quality restart agenda.</p> <p>MHu queried the Did Not Attends on the dashboard which have reduced and asked whether this was due to the number of appointments decreasing or because there are better attendances due to virtual appointments. BG said it is likely to be due to having fewer face to face appointments and having virtual appointments.</p> <p>LS endorsed the holistic whole system working and commented that as we look forward the need to triangulate the wellbeing agenda, 'wrap</p>	

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	<p>around' mental health/comorbidity and impact assessment of inequalities post-Covid is important.</p> <p>CF wished to inform the Board of Directors that an open incident with the Information Commissioners Office (ICO) was closed the previous day and this was good news for the Trust. The incident was reported several weeks ago when it appeared a member of staff who was a patient had their record accessed by other staff. It was determined that a small number of the accesses were inappropriate. The necessary action has been taken and the ICO have decided not to take any further action.</p> <p>The Board of Directors noted the Quality elements of the dashboard in scrutinising the Foundation Trust's arrangements for the management and development of safety, effectiveness and patient experience.</p>	
Bo.7.20.13	<p><b>Maternity Services Update Presentation</b></p> <p>KD delivered an update on Maternity Services and made the following key points:</p> <ul style="list-style-type: none"> <li>• The OMS Programme (Outstanding Maternity Services) has commenced and key people are in post including clinical representation. A number of actions are included within the programme as demonstrated within the presentation.</li> <li>• The Maternity Theatres Project actions are all on track. The floor plan was signed off in June 2020 and it is expected that the build of Phase 1 will be during December/January. Phase 2 will be undertaken in March 2021 and this will create an enhanced recovery area.</li> <li>• Key indicators, from the dashboard, that were of interest to the CQC have been included within the presentation on slide 4. We are now achieving the target of booking women in at 13 weeks of pregnancy. There is also some data on homebirth and it is a service that continues to be developed.</li> <li>• 1:1 care in labour has had a continued improvement since January this year and there has been increased focus from the teams to help improve this.</li> <li>• Still births have reduced from the peak last year.</li> <li>• Covid update: the outcomes have generally been positive. A 24/7 midwife led telephone triage has been successful. All women attending the unit are swabbed. Visiting restrictions are in place and these are currently being reviewed. There has been a huge focus on BAME women based on national guidance and LMS plans being developed.</li> <li>• The CQC published the "Getting safer faster: key areas for improvement in maternity services" in March 2020. Maternity services (nationally) stand out as one of the core services that the CQC inspect that is not making improvements in safety fast enough</li> <li>• Stillbirth rates are now down to 6.9 per 1000 births which concurs that stillbirth rates have reduced over the last twelve months.</li> <li>• Key areas for improvement based on all national inspections include: <ul style="list-style-type: none"> <li>○ Governance, leadership and risk management</li> <li>○ Individual staff competencies, team working and multi-professional training</li> <li>○ Active engagement with women using maternity services</li> </ul> </li> </ul>	



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	<p>MM was encouraged to see the reference to “true engagement and involvement with individuals and groups who use maternity services through Maternity Voices Partnerships” and encouraged the use of authentic involvement.</p> <p>MM thanked KD for the comprehensive presentation and thanked SH for attending the meeting.</p>	
<b>Bo.7.20.14</b>	<p><b>Emergency Preparedness, Resilience and Response (EPRR)</b> SES explained that the paper informs the Board on the position of the 2019/20 NHS England EPRR core standards and EPRR work undertaken.</p> <p>For 2019/20, the Trust is currently ‘substantially compliant’ with 62/64 (96%) core standards in place with an action plan to ensure the remaining standards are completed which has been previously received by the Committees. Work was progressed to get the Trust into a fully compliant state by the end of March 2020, but due to Covid-19, the two remaining actions have not been completed. One was for NHSE to provide training for on call staff, this action will be moved for anticipated completion by March 2021. The second action was for internal training for on call managers, this was started in February with two out of four sessions being held. As the Covid situation has evolved, the majority of on call managers have now been involved in the command and control structures that are currently in place so are now more familiar should an incident require a tactical group to be formed. All EPRR risk assessments have recently been reviewed and are currently in date.</p> <p>BS confirmed that the Audit &amp; Assurance Committee received a high level of assurance in terms of EPRR at the last meeting of the Audit &amp; Assurance Committee.</p> <p>The Board of Directors noted the main themes of the report and supported the work the being undertaken.</p>	
<b>Bo.7.20.15</b>	<p><b>Patient Experience Q4 Report and Annual Report</b> KD explained that the report provides an annual update on the work of the Patient Experience Sub-committee, which includes work undertaken by the central Patient Experience team, Clinical Business Units (CBU) as well as corporate work streams. The paper also includes a report of Quarter 4 (Q4) complaints and Patient Advice and Liaison Service (PALS).</p> <p>Throughout 2019/20 work has continued to embed the Patient Experience Strategy, ensuring that this is a key strand through all patient experience work. Developments have taken place within the Trust to capture and strengthen patient experience and many positive developments and successful stories are contained within.</p> <p>The maternity patient survey results show a significant improvement from the previous year. There are a number of areas to focus on and plans</p>	

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	<p>are in place to address these. The patient improvement collaborative has used QI to help improve in a number of areas. A lot of work started on “carer’s passports” which is currently on pause due to the pandemic but this will be stepped up once services start to resume.</p> <p>Now that the team has successfully appointed to the Quality Lead for Patient Experience and the Patient and Public Involvement Officer positions, an exciting year ahead is planned to continue to enhance patient and relative encounters with the Trust. The strategic work plan that has been developed will allow steer and monitor planned proposed projects which will be overseen by the Patient Experience Sub-committee.</p> <p>Complaints have reduced significantly for all quarters on previous years and Covid-19 has taught us that we can turn around complaints quicker than we have done previously and learning from this is being reviewed.</p> <p>MM requested a team organisation chart for the patient experience team which KD agreed to provide.</p> <p>SU welcomed the detailed report and asked how we sustain best practice from learning and not make the same mistakes twice. KD said using the QI methodology helps focus on patient experience and this is very important for the Trust.</p> <p>SU asked whether the categories analysed for complaints are pre-determined or whether they are themes that have derived from the complaints. KD confirmed that these are set by the Department of Health. SU asked whether we can do any localised analysis based on the demographics of our patients to help understand the quality strands and the cultural aspects of our complaints. KD confirmed that from Quarter 1 of this year complaints will include equality data in partnership with the patient experience data.</p> <p><i>Comments from the WebEx Comments Panel:</i></p> <p><i>MHu: The relatives’ line looks like a real success. Were the staff supporting this reallocated from other duties, does this create a backfill issue? Do you think we’ll need to grow this team or do you think the need for this will decrease as Covid settles into a lower prevalence?</i></p> <p><i>PC: unlikely to be backfill issues, majority are staff who cannot work in direct patient care which even with shielding ending is likely to continue to be the position for a number of staff.</i></p> <p><i>MHu: Thank you Pat – great idea to utilise shielded staff for this service.</i></p> <p>The Board of Directors noted the report.</p>	Chief Nurse
Bo.7.20.16	<p><b>Health and Safety Annual Report 2019-20</b></p> <p>SES explained that the report describes the progress made by the Trust during 2019/20 in relation to Health and Safety and was presented at the last Executive and Non-Executive Regulation Committee.</p>	

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	The Board approved the Annual Report and acknowledged the work that has taken place during 2019/20.	
<b>Section 4b: Finance and Performance</b>		
<b>Bo.7.20.17</b>	<p><b>Finance and Performance Dashboard</b></p> <p>MM invited MH and SES to draw to the attention of the Board the key items of note from the dashboard.</p> <p>SES asked the Board to note the following key items in relation to performance:</p> <ul style="list-style-type: none"> <li>• Focus is being given to where we have made improvements and changed pathway management through innovation in order to continue this to help achieve sustainable improvement.</li> <li>• SES is managing the risks related to performance i.e. the impact of increased waiting for patients and reduced access to services. SES has completed a risk assessment in terms of the risks of long waiting patients and not having sufficient capacity in the longer term. The focus is on clinical prioritisation and review of patient safety and we are managing the risks well at the moment. The BAF and Strategic Risk register is reflective of the current position.</li> </ul> <p>MH asked the Board to note the following key items in relation to finance:</p> <ul style="list-style-type: none"> <li>• The financial position is as was reported to the Executive and Non-Executive Regulation Committee and we continue to apply the simplified framework in response to COVID-19 as opposed to the established financial regime which is currently suspended in order to ensure providers receive sufficient cash to facilitate the required response to the pandemic whilst delivering a breakeven position.</li> <li>• A national call has been scheduled for the following week in relation to the financial framework and the planning framework. The expectation is that we will be moving from a retrospective reclaim arrangement in respect of Covid-19 costs to a prospective one based on our cost profile over recent months with much more overview provided by the ICS. Final details are being awaited on this.</li> <li>• From a PLACE based perspective Andrew Copley is leading on what the plans will look like and we are moving to anticipate what may be expected in terms of planning.</li> <li>• Capital: in the last week we have submitted our capital requirements associated with Covid-19 which came to £106m from a system perspective. Following this we were asked to review our AED capital requirements as a system due to £1.5bn becoming available and were asked to respond within 24 hours. This was submitted in the short timeframe that was available. We were then further asked to confirm and submit our diagnostic requirements within a short timescale and this was also completed.</li> <li>• The Trust continues to apply the Covid-19 regulatory framework and from a strategic risk perspective we are currently reporting all the financial risk values at a residual level and until we know what the new financial regime is and the risks associated from that we continue to trend at a residual value.</li> </ul>	

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	<p>BS: accepting that we are in difficult times due to the pandemic, to what extent is business and cost improvement now put to one side and to what extent could we still be pressing ahead with this. MH said up until recently there has been no work undertaken on specific cost improvement due to the focus being on Covid-19 but the planning work that SES has alluded to is very much about how we can do things differently and how we can start to apply some of the improvement opportunities we have been working on previously. SES added that a key element of the restart work is not only to implement the changes but also to capture the productivity impact of the changes. We are in a unique position in the NHS compared to ever before and an important aspect of our restart is to keep track of the productivity. A staged approach is being taken to increasing our activity and the performance team are working on the forward look. The Access to Healthcare Programme will look at how we bridge the gap and further improve performance.</p> <p>CF added that although it may look like cost improvement is on hold it is important to remember that the current work that is being undertaken includes innovation and improved efficiency with continuous learning.</p> <p>MH said that the establishment of Academies will help identify qualitative and quantitative improvements going forward.</p> <p>JL reinforced the message of transformation that has taken place over the last few months which has probably been on a bigger scale than ever before. Counting and measuring this transformation is what the academies will focus on going forward.</p> <p>MM asked how we can collate the significant transformation we have undertaken. MP explained that this is about how we lock in the benefits whilst we are keeping people safe and anything we have learnt will be embedded into the new ways of working going forward.</p> <p>SES explained that a number of aspects are being captured and measured including the number of patients being seen through the virtual clinics and the difference in referrals and we are also capturing a lot of the outpatient innovations with further data review and tracking to take place going forward.</p> <p>The Board of Directors noted the Finance &amp; Performance elements of the dashboard in scrutinising the Foundation Trust's arrangements for the delivery of financial and performance indicators.</p>	
<b>Section 4c: Workforce</b>		
<b>Bo.7.20.18</b>	<p><b>Workforce Dashboard</b></p> <p>The Board of Directors noted the Workforce elements of the dashboard in scrutinising the Foundation Trust's arrangements for the delivery of workforce indicators.</p>	
<b>Bo7.20.19</b>	<p><b>Our Covid-19 Health &amp; Wellbeing Approach</b></p> <p>PC provided a verbal update in relation to the Trust's approach to Health and Wellbeing (HWB) and made the following key points:</p>	

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	<ul style="list-style-type: none"> <li>• Covid-19 related staff absences have reduced and we are now below 200 absences per day in the last week, with the height of absences at 650 per day previously.</li> <li>• Further shielding guidance has been issued and this is in the process of being reviewed. Each shielding member of staff is being contacted to ensure a risk assessment is undertaken and an Occupational Health referral is made if necessary. A supportive approach is being used for shielding staff as there is anxiety amongst some staff about returning to work.</li> <li>• Risk assessments: a self-assessment tool has been developed for all staff to complete. White European staff over the age of 60 and male staff are priority groups being focussed on in the next few weeks as well as reviewing BAME staff with co-morbidities over the age of 55.</li> <li>• The Health and Wellbeing offer for staff continues to be reviewed both locally and nationally. Some leadership and team development WebEx sessions have been arranged aimed at managers on how to support staff around their wellbeing and having supportive conversations with staff in times of high stress.</li> <li>• The Trust is piloting a national NHS People Pulse survey from next week in place of the Staff Friends and Family Test which has been suspended. This is a survey which will run initially every 2 weeks which is intended to provide a sense check on how staff are feeling and covers issues like support, anxiety and key learning points and consists of eight questions.</li> <li>• NHS People Plan is expected to be published in the next two weeks and will reflect some learning from the Covid 19 experience.</li> </ul> <p>MM complimented the team on the weekly Wellbeing Wednesday bulletin.</p> <p>The Board noted the verbal update.</p>	
Bo7.20.20	<p><b>Guardian of Safe Working Hours Report – Q4 2019/20</b></p> <p>BG explained that the report provides assurance that doctors and dentists in training are working safe hours. BG explained that the 2016 junior doctor contract requires the Guardian of Safe Working Hours to submit a quarterly report to the Board to provide assurance that doctors and dentists in training are working safe hours. Information on exception reporting, work schedule reviews, rota gaps and fines levied will be presented. This report covers the period 1 January – 31 March 2020.</p> <p>BG wished to acknowledge the work of Andy Brennan, Associate Postgraduate Dean/HEYH/Consultant Anaesthetist who has done a lot of work in relation to this as the Guardian of Safe Working over the last 4 years. Andy will be stepping down from the role from September and BG wished to thank him formally for the work he has undertaken and in particular with improving engagement with Junior Doctors.</p> <p>BG explained that Junior Doctors have worked more closely with the Trust to design their own rotas in delivering Covid-19 care and will have an input into the design of their rotas going forward. BG was optimistic that exception reporting will reduce even further going forward as the</p>	



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	<p>engagement with Junior Doctors has improved significantly.</p> <p>MM asked about rest facilities for Junior Doctors and whether improvements can be made to the Junior Doctors “mess room”. BG said some funding was received at the end last year from Health Education England to upgrade the rest facility and we have been working through what that will look like. The Estates department need to do some remedial work to clean the facility before new furniture can be purchased. The money will also be spent to provide facilities for Junior Doctors in other departments and this work is all in hand.</p> <p>Although there have been no exception reports since the middle of March the Junior Doctors have still worked long hours but with a lot of input from them in designing their rotas which has resulted in them feeling inclusive in the approach.</p> <p>Comments received from WebEx comments Panel:  <i>SU: Andy has done a great job in relation to this.</i>  <i>LS: Safe working, good to hear of the engagement with juniors.</i></p> <p>The Board noted the contents of the report.</p>	
Bo7.20.21	<p><b>Equality Update</b></p> <p>PC introduced Kez Hayat (KH), Head of Equality, Diversity &amp; Inclusion who commenced his role with the Trust at the end of February 2020. KH thanked colleagues for the opportunity to present the Equality Update to the Board of Directors and made the following key points:</p> <ul style="list-style-type: none"> <li>• There are a number of national drivers that give a clear direction on focussing on equality, diversity and inclusion including the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). The Trust has the infrastructure in place to address the agenda for both these areas. Over the last four months KH has been scoping out key activity and priorities in relation to equality, diversity and inclusion. Some of this activity has involved an internal desk top review of existing diversity interventions with focus on identifying key areas of action and priorities, aligning this to the wider organisational development agenda.</li> <li>• Covid-19: KH provided a brief update and explained that Covid-19 has had an impact on both our community and our Trust but in particular a more disproportionate impact on the Black &amp; Minority Ethnic (BAME) population. Our Trust has worked well with our BAME staff to help them feel reassured. Themed webinar discussions have taken place with one of the initial focusses being on PPE and then more recently on BAME risk assessments. This has supported managers to have compassionate conversations with BAME staff and to date we have completed 97% of these risk assessment. <i>Note from Webex Comments Panel from PC: latest data shows that we are now at 99%.</i></li> <li>• Trust BAME Staff Network: KH is in the process of reviewing and refreshing the Trust’s BAME network, with a focus on terms of reference, membership, role and remit and more importantly how the network is feeding into strategic decision making structures and</li> </ul>	

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	<p>governance alignment.</p> <ul style="list-style-type: none"> <li>Bradford Health and Social Care Economic Partnership: KH will be leading on some PLACE based activity following a stocktake of organisational positions with a focus on prioritising the recommendations ensuring BAME staff feel supported and to increase the diversity of our leadership across the system.</li> <li>West Yorkshire and Harrogate Health and Care Partnership: KH and the Associate Director of Human Resources, Faeem Lal, are both active members of the West Yorkshire and Harrogate Health Care Partnership BAME Network. This is a newly formed network with a big focus on wider system cultural change on race equality and the wider diversity and inclusion agenda.</li> <li>LGBTQ+ and Enable Staff Network Meetings: KH explained that focus on these networks is also continuing in order to provide an opportunity to raise any questions or concerns members have arising from COVID-19. The next meeting is scheduled for 13<sup>th</sup> July via WebEx and colleagues from Organisational Development and Occupational Health will be joining to help alleviate staff concerns and provide guidance and information. This meeting is being publicised widely within the Trust.</li> </ul> <p>KH felt that the Trust is a very diverse organisation however there are some inequalities which need prioritising. A number of equality objectives were approved in January 2020 and KH is currently reviewing the Trust's position and aligning other key areas of work to these objectives.</p> <p>PC explained that the WRES and WDES submissions are due to be made in August and will be reported to the next Open Board of Directors meeting.</p> <p>MM asked what KH felt was the most urgent key issue within the equality and diversity agenda to bring to the Board's attention. KH felt it was important to raise the profile of diversity and inclusion.</p> <p>MHu asked about the mentoring scheme referred to in the report and whether this can be re-planned within the context of Covid-19. KH explained it is important to deliver this in order to link it with our workforce equality standards. The right scheme needs to be in place which is fit for purpose and this will remain on our agenda.</p> <p>MHu asked how the Trust can incorporate training to start sooner whilst ensuring social distancing is in place. KH explained that work is being done to look at how to deliver this safely over the coming months i.e. large rooms where social distancing is possible and as a practitioner KH valued face to face training and felt it was important to implement this safely.</p> <p>MHu asked how the Trust increases BAME staff representation particularly within more senior positions i.e. how do we develop staff to succeed into senior roles. KH said this is something that is a key area for our Trust and it is clear that BAME staff want to develop and progress but sometimes there are not only personal barriers but also organisational barriers which prevent them from progressing. These</p>	<p>Director of Human Resources</p>

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	<p>barriers need to be explored and removed to ensure equal representation and work is underway with the BAME network to address this issue.</p> <p>MHu referred to some work that was undertaken last year in relation to LGBTQ+ allies and asked how we can bring this into our strategy. KH agreed that it was important to have allies / ambassadors / champions as this helps reduce the risk of alienating the wider staff group. The staff networks need to be developed in order to ensure and articulate this work.</p> <p>KD made the point that having representation at Board level enables messages out and therefore it is important to focus on the talent pipeline that brings staff in which represents all diversity areas. The Deputy Chief Nurse is retiring at the end of the year and KD has started to make enquiries and has contacted Ruth May, the Chief Nursing Officer to see what talent is out there from the national BAME nursing network pipeline in order to encourage BAME applications.</p> <p><i>From the WebEx Comments Panel from SU: I totally agree we need to be more ambitious and it is absolutely about values being the driver for this important agenda.</i></p> <p>MP wished to take the opportunity to thank KH for the work he undertook in relation to providing chaplaincy support to patients amidst the Covid-19 outbreak when he joined the organisation as well as undertaking his day job. MP recently participated in a roundtable event of 15 health leaders led by Baroness Doreen Lawrence about the disproportionate impact of Covid-19 on BAME communities. From the discussions it was clear that the issues we face in Bradford were similar to those across the country in terms of the impact of Covid-19 on BAME staff.</p> <p>PC explained that equality, diversity and inclusion is a PLACE based priority as well as a Trust priority. KH is taking the lead on a meeting with equality, diversity and inclusion leads across the PLACE with particular focus on progressing the issue around BAME pipeline, talent management and leadership development. In terms of the leadership point we see ourselves as leading in the PLACE in taking the equality, diversity and inclusion agenda forward.</p> <p>MM thanked KH for the comprehensive update.</p> <p>Comments on the WebEx Comments Panel:  <i>JL: Great to see 97% of BAME risk assessments completed. Great report and good to hear the enthusiasm for this agenda.</i>  <i>PC: Since the paper was written we are now up to 99% completion.</i>  <i>MHu: That's fantastic news Pat. Well done to all.</i>  <i>SU: The WebEx sessions with BAME Network have been very well managed.</i>  <i>LS: Thanks Kez – good to embed the holistic approach. Pleased to hear about the care for staff.</i>  <i>SES: A very interesting update. Well done Kez.</i>  <i>LS: You might like to read this:</i></p>	

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	<p><a href="https://blogs.bmj.com/bmj/2020/07/03/nisreen-alwan-lets-equalise-our-antiracist-language/">https://blogs.bmj.com/bmj/2020/07/03/nisreen-alwan-lets-equalise-our-antiracist-language/</a></p> <p>CF: Excellent report Kez. Look forward to seeing the impact of further work.</p> <p>SU: Thank you for the comprehensive tour of equality and diversity agenda. I am keen that we need to address our strategic priority re BAME leadership and we need to do something radical to address the gap in our trajectory of achieving the target. I would also like us to explore the service delivery aspect and the cultural competency of the Trust this links to access, experience and outcomes.</p> <p>The Board noted the contents of the report and supported the activities outlined in the report.</p>	
<b>Section 4d: Partnerships</b>		
<b>Bo.7.20.22</b>	<p><b>Partnership Dashboard</b></p> <p>MM invited JH to draw to the attention of the Board the key items of note from the dashboard.</p> <p>JH said that the new way of working is mainly in partnership as demonstrated by discussions in today's meeting and although the Partnership Committee will not meet going ahead we will be mainstreaming partnership within our Board meetings and partnership is now the default position. There are numerous examples of how we are working with our partners including PCNs, WYAAT, ICS and CFs role acknowledges we are working across PLACE digitally. The challenge is to ensure we acknowledge issues and risks in partnership working.</p> <p>MM asked CF if she would briefly comment on the newly released digital strategy. CF explained that this is a strategy for Bradford District &amp; Craven called – People First: Digital First. In recognition of it being a strategy for digital the group has published the strategy via an interactive website rather than a document. The strategy covers a wide range of both achievements and plans for the patch. The strategy can be reviewed here: on the website <a href="https://peoplefirst-digitalfirst.org/">https://peoplefirst-digitalfirst.org/</a>.</p> <p><i>Comments from the WebEx Comments Panel:</i></p> <p>JL: Great to see and hear about the PLACE working throughout the agenda, great progress. We need to think about how we consider the digital agenda best through our new academies.</p> <p>CF: Agree Julie. We are having those conversations.</p> <p>The Board of Directors noted the update.</p>	
<b>Section 4e: Audit and Assurance</b>		
<b>Bo.7.20.23</b>	<p><b>Report from the Audit and Assurance Committee</b></p> <p>MH explained that the report provides an update regarding key matters covered in the Audit &amp; Assurance Committee meeting on 10 and 16 June 2020 for the Board to note and derive assurance from.</p> <p>TFG asked what the main areas of focus are for the Committee and BS</p>	

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	<p>said governance and pressures arising from Covid-19 have been the key areas of focus as detailed within the report.</p> <p>MH reported that the internal audit process has provided a number of high level assurance reports which is positive.</p> <p>The Board of Directors noted the contents of the report.</p>	
<b>Section 4f: Delivery of the Trust's Clinical Strategy</b>		
<b>Bo.7.20.24</b>	<p><b>Board Assurance Framework and Risk Appetite Statement</b></p> <p>MM stated that the Board would now review the Board Assurance Framework, and bear in mind the discussions and outcomes with regard to the agenda items considered at the meeting. MM asked MP if there was anything additional that the Board should consider and MP confirmed there wasn't.</p> <p>TFG queried the infection control report and asked if there is a key area for compliance where there is a gap. KD explained that the document shows the gaps and mitigation in place and this is updated monthly. KD will include more detail in the summary for the next BAF.</p> <p>TFG queried about the identification of a lack of resources in terms of deep cleaning and whether there is a timescale in place in terms of when the deep cleaning will commence. KD explained that SES is leading a Task and Finish Group with the Estates and Facilities team in relation to what the new normal will look like for cleaning and for now additional contractors have been used to address the gaps.</p> <p>As per the recommendation in the paper, the Board has noted the risk appetite statement in the context of its discussions. The Board has also reviewed the framework in the context of the papers received and discussions held and, the description of the assurances provided within the framework itself. The Board confirms that the proposed levels of assurance are appropriate in relation to the Trust's strategic objectives for Quarter 4 2019/20.</p>	Chief Nurse
<b>Section 5: Governance</b>		
<b>Bo.7.20.25</b>	<p><b>Audit Yorkshire Covid-19 Governance Assurance Checklist</b></p> <p>MH presented the paper which details the self-assessment against Audit Yorkshires Governance Checklist to ensure the appropriate governance and control arrangements are in place to manage the COVID pandemic.</p> <p>The next steps to consider are to test some of our self-assessment which Audit Yorkshire can help us undertake but for the vast majority we have demonstrated we are delivering this effectively.</p> <p>MP asked colleagues to consider whether we should be using an independent third party if we feel we need further assurance. Following a short discussion it was agreed that the self-assessment provided the required level of assurance.</p>	



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	The Board of Directors noted the contents of the report.	
<b>Section 6: Board Meeting Outcomes</b>		
<b>Bo.7.20.26</b>	<b>Any other business</b> MM informed the Board of Directors that TC will be leaving the Trust for a new role and wished her all the best for the future and thanked her for the contribution she has made to the governance of the Trust.	
<b>Bo.7.20.27</b>	<b>Issues to add to Strategic Risk Register</b> There were no issues to be added to the Strategic Risk Register.	
<b>Bo.7.20.28</b>	<b>Issues to escalate to NHS Improvement (NHSI)</b> There were no issues to escalate to NHSI.	
<b>Bo.7.20.29</b>	<b>Issues to be reported to Care Quality Commission (CQC)</b> There were no issues to be reported to CQC.	
<b>Bo.7.20.30</b>	<b>Items for Corporate Communications</b> There were no items for Corporate Communications.	
<b>Bo.7.20.31</b>	<b>Date and time of next meeting</b> Thursday 10 September 2020 (time TBC).	

### ACTIONS FROM BOARD OF DIRECTORS OPEN MEETING – 9 July 2020

Action ID	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
Bo20012	<b>Bo.7.20.3</b>	<b>Patient Stories:</b> MP to circulate the letter received from Samuel which she found to be very inspirational and positive.	Chief Executive	9 July 2020	Letter circulated 13 July 2020. <u>Action complete.</u>
Bo20013	<b>Bo.7.20.5</b>	<b>Finance and Performance Dashboard:</b> The Board needs time to understand the implications of the new financial regime and the opportunities from system working. It was agreed to add this to a future Board Development meeting. Discussed on 1 July but as there is still uncertainty as to what opportunities and risk the new financial regime will provide it was agreed to add to agenda for the next Board Development Day.	Director of Governance and Corporate Affairs	9 July 2020	Added to October Board Development session. <u>Action complete.</u>
Bo20014	<b>Bo.7.20.15</b>	<b>Patient Experience Q4 Report and Annual Report:</b> MM requested a team organisation chart for the patient experience team which KD agreed to provide.	Chief Nurse	10 September 2020	Chart provided to the Chairman, Action closed.
Bo20015	<b>Bo.7.20.21</b>	<b>Equality Update:</b> PC explained that the WRES and WDES submissions are due to be made in August and will be reported to the next Open Board of Directors meeting.	Director of Human Resources	10 September 2020	Action deferred to November when PC will also present the WRES/WDES action plans for board sign off.
Bo20016	<b>Bo.7.20.24</b>	<b>Board Assurance Framework and Risk Appetite Statement:</b> TFG queried the infection control section and asked if there is a key area for compliance where there is a gap. KD explained that the document shows the gaps and mitigation in place and this is updated monthly. KD will include more detail in the summary for the next BAF.	Chief Nurse	10 September 2020	KD to include in BAF submission
Bo20017	<b>Bo.7.20.3</b>	<b>Patient Stories:</b> Discharge procedure in relation to medication to be reviewed following the feedback from patient.	Chief Nurse	12 November 2020	