Board of Directors

Date:	25 September 2019	**Attachment item:**	**7**
Title of Report:	**Chief Executive's Report**		
Purpose of the report and the key issues for consideration/decision:	The purpose of the Chief Executive's Report is to highlight developments that are of strategic relevance to the Trust and which the Board of Directors needs to be aware of. This report covers the period since the meeting on 31 July 2019.		
Prepared by:	Victoria Pickles. Associate Director of Corporate Affairs		
Presented by:	Brendan Brown, Chief Executive		

Strategic Objective(s) supported by this paper:

Financial Sustainability	X	**Empower & Engage Staff**	
Quality of Care	X		

Is this on the Trust's risk register:

No	X	**Yes**		**If Yes, Score**	

Which CQC Standards apply to this report: Well Led

Have all implications related to this report been considered: (please X)

Finance Revenue & Capital	X	**Equality & Diversity**	
National Policy/Legislation	X	**Patient Experience**	X
Human Resources	X	**Terms of Authorisation**	X
Governance & Risk Management (BAF)	X	**Other:**	

Action Required: (please X)

Approve		**Discuss**	X	**Receive for information**		**Decision**	

Previously Considered By:	**N/A**	**Date:**

Recommendations: The Board of Directors is requested to receive this paper as assurance and progress against the local, regional and national agenda, and as an update against leadership responsibilities within the CEO portfolio.

Chief Executive's Report
25 September 2019

This update to the Board is structured around the five key areas we have agreed as part of our developing Board Strategy – people, patients, partnerships, population and progressing whilst still reflecting the national, regional and local developments, challenges and achievements in the NHS and wider health and social care environment.

1. Population

1.1 There continues to be political uncertainty at a National level. As I write this paper there is a Supreme Court hearing as to whether the Prime Minister acted lawfully in suspending Parliament. We are awaiting a new Queen's Speech which we expect to address issues of funding for the NHS; an approach to the pensions issue; and potentially new patient safety legislation, including giving the Healthcare Safety Investigation Branch extensive new powers. In addition, it still remains unclear as to whether the UK will exit the EU on 31 October or not. It is important that we are as prepared as we can be and so, along with all other NHS organisations across the country, we continue to hold **Brexit Planning** meetings which focus particularly on medicines, medical devices, non-clinical goods and vaccines. Of particular importance to me are our EU colleagues and we will be running events for our EU staff to provide any required support and guidance, particularly around settled status.

1.2 The media have been reporting that this **winter** could be one of the coldest in 30 years and will see a return of the 'beast from the East'. In reality, we haven't really seen the fall in demand that we would normally expect in the summer months and so we have been finalising our winter plans to agree what our bed capacity will need, and our response to the expected surge in activity. Rob Aitchison will share our plan, worked up with our partners in the coming weeks. **Flu season** is also upon us – and we have a responsibility to take steps as individuals to protect ourselves, our patients and our families by having our flu vaccination (Appendix 1). This year we have started our flu jab campaign two weeks earlier than previous years and Board colleagues are able to have their vaccination following this Board meeting.

1.3 There has been much discussion in the media over recent weeks about the problems that NHS organisations face in ensuring they have enough **capital funding**. NHS Providers have been running a #RebuildourNHS campaign to ask the government to:

- Set a multiyear NHS capital funding settlement – just as the government has done for the NHS' revenue budget – allowing the NHS to plan for the long term and transform its services and equipment. Ideally, this would match the ten years of the NHS long term plan
- Commit to bringing the NHS' capital budget into line with comparable economies, allowing the NHS to pay for essential maintenance work while also investing in long-term, transformational capital projects.
- Third, establish an efficient and effective mechanism for prioritising, accessing and

spending NHS capital based on need, in consultation with those planning and delivering services.

The Trust received the attached letter (Appendix 2) last month setting out the need for us to have a realistic forecast for our capital commitments this month to enable NHS England / NHS Improvement to determine whether there will be additional capital to tackle backlog maintenance. We have reduced our capital commitments as far as possible without compromising the safety of patients and staff. Given our plans for the future we would very much welcome greater clarity on a multi-year settlement and a clear mechanism for accessing capital monies.

1.4 NHS England has launched their **consultation on vascular services** across West Yorkshire. Currently the specialised vascular services in West Yorkshire are delivered from three centres – Leeds General Infirmary, Bradford Royal Infirmary and Huddersfield Royal Infirmary. Based on a need to reduce the number of specialised vascular centres from three to two identified by Yorkshire and The Humber Clinical Senate, the proposed recommendation being consulted on is that those centres should be at Leeds General Infirmary due to its status as a major trauma centre, and Bradford Royal Infirmary due to its co-location with renal care. Patients from Airedale already receive vascular services at Bradford. The consultation will run until 30 November 2019 with consultation events taking place locally:

- 7 October, 2pm until 4pm. Venue: Midland Hotel, Forster Square, Cheapside, Bradford, BD1 4HU.
- 14 October, 5pm until 7pm. Venue: Great Victoria Hotel, Bridge Street, Bradford, BD1 1JX.

2. Partnership

2.1 As referenced in my report last month, on 4 September the Chair and I attended a **new learning network for trusts operating in a rural environment** set up by NHS Providers. The meeting considered the challenges and opportunities facing trusts in rural environments including workforce, finance and access, as well as the short and long term changes that need to be considered.

2.2 Last week the Government launched the **National Leadership Centre**, which I joined to represent team Airedale. This is the first phase of a national public leadership programme, bringing together the diversity of experience, mind-set & background of participants in health, government, local authority, military and armed forces, policy and education. I'm pleased we have a seat at the table.

2.3 The Chair and I also attended the **West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) Board** meeting on 3 September 2019. The meeting considered the first draft of the WYH five year strategy and received a progress report on the WYH workforce strategy. The meetings are held in public and it was a good opportunity to hear the questions and statements from members of the public about

our shared system plans.

2.4 I attended the **West Yorkshire Association of Acute Trusts** Committee in Common in July which was a useful opportunity to discuss region-wide issues with colleagues from across West Yorkshire and Harrogate and also receive updates and progress the valuable work we are driving forward together. Some of the key discussion areas included:

- The West Yorkshire Cancer Collaborative held a really insightful patient event to launch the improvement work we have agreed to support around access to cancer services within 62 days. Chief executives from WYAAT were able to hear first-hand about the experience of our patients and understand how we can improve the services we provide.
- The NHS England and Improvement consultation around proposals to develop two hubs in West Yorkshire and Harrogate for vascular services was launched at the end of August and is being shared with patients and staff across the region through a number of different communications mechanisms. The consultation runs until Saturday 30 November 2019 and more information including the consultation document is available at www.engage.england.nhs.uk and search West Yorkshire Vascular.
- The staff engagement and development work around creating a West Yorkshire and Harrogate Pathology network continues and we will be discussing these proposals at our next meeting at the end of October.

2.5 Our colleagues in City of Bradford **Health and Wellbeing Board** have adopted the IHRA definition of anti-semitism including all its manifestations and the Bradford version of the definition of Islamophobia which was most recently adopted at Full Council last month. The Board is asked to note and support the Health and Wellbeing Board's adoption of the definitions of Islamophobia and Antisemitism (Appendix 3).

2.6 I have recently **met with the local MPs** – John Grogan MP for Keighley and Ilkley; Philip Davies MP for Shipley; Andrew Stephenson MP for Pendle. I am due to meet Julian Smith MP for Skipton and Ripon. These meetings offer an opportunity to discuss the real issues facing both the Trust and the wider NHS. In particular we discussed the issue of capital and our significant estate challenges.

2.7 Our Trust continues to attract a number of visits from both national and regional partners. This is important as it presents an opportunity to influence the development of policy and to enable others to see first-hand the successes and challenges of the Trust. It's reassuring to know the unique and innovative contribution of organisations such as ourselves is being recognised and indeed embraced.

NHSX is a new national NHS unit driving forward the digital transformation of health and social care. Representatives from NHSX have visited the Trust last month engage with us here at Airedale and find out more about what our digital challenges are and what NHSX can do to help enable our digital strategy.

We also welcomed a group of **policy leads from the Department of Health and Social Care** who spent some time with us as part of a policy development week to look at what we do to manage the challenges of looking after people in rural areas – particularly looking at the work we have been doing in the Digital Care Hub to support people with Parkinson's Disease.

We were recently visited by Adam Brimelow, Director of Communications for **NHS Providers**, who wanted to gain an understanding of our areas of good practice and the challenges that face us, particularly as a rural district hospital. Adam met with key staff and patients in our emergency department and AAU; and with staff in our pathology unit and digital hub. He also gave a presentation on the provider sector from the perspective of NHS Providers. Some of his interviews with colleagues have been included in a podcast which you can listen to on the NHS Providers site https://nhsproviders.org/resource-library/provider-bites/podcast-capital-spending-in-the-nhs

3. Patients

3.1 The newly refurbished **Castleberg Hospital** will re-open at the beginning of October. The hospital is really important to the local community and we have invited local people and community groups to get a sneak preview of the facility before it opens at a drop in event on 30 September from 12-2pm.

3.2 Since the last week Board meeting, the Trust has also held its first **butterfly release** event in the Airedale Sunbeam Garden, where we were joined by over 120 members of different families at the site of the Airedale Tree of Tranquillity. The SiMBA Annual Butterfly Releases form a key part of our support to families who have sadly lost a baby through miscarriage, stillbirth, or neo-natal death.

3.3 As a learning organisation it is important we acknowledge those areas where we need to make improvements. Earlier this month the **National Maternity and Perinatal Audit** published its clinical report for 2019. The report presents measures of maternity and perinatal care based on births in English, Welsh and Scottish NHS services between 1 April 2016 and 31 March 2017. There were two indicators within the audit where Airedale was an outlier: Low Apgar scores and third / fourth degree tears. For both of these areas the Trust's quality monitoring process had identified non-compliance with the standard and had introduced a programme of quality improvement including additional training and education and the introduction of new monitoring tools. In both cases these interventions had led to a statistically significant improvement against the indicator.

3.4 As part of **World Patient Safety Day** our quality and safety team asked colleagues to make pledges about what safety means to them. To me safety is doing the right thing, for the right reason to get the right result. Responses will form part of the

development of our new Quality and Safety Strategy which will be engaging colleagues in further over the coming weeks.

4. People

4.1 As briefly mentioned at the last meeting, I'm pleased to confirm the Trust has been selected to join a national cohort of organisations on the global **Pathway to Excellence® programme**, an international 'nursing excellence' framework that aims to create a positive practice environment for nursing staff. Jill Asbury, Director of Nursing, attended the introductory meeting with the Chief Nursing Officer on 17 September 2019 The Pathway to Excellence® programme is a global 'nursing excellence' framework that aims to create a positive practice environment for nursing staff.

4.2 Airedale is one of the NHS organisations across Bradford district and Craven uniting to promote inclusivity and reduce health inequalities for lesbian, gay, bisexual and transgender (LGBT+) people accessing healthcare by launching the **NHS Rainbow Badge initiative**. A recent Stonewall survey estimates that one in five LGBT+ people are not 'out' to any healthcare professional about their sexual orientation when seeking general medical care. It also found that one in seven LGBT+ people have avoided treatment for fear of discrimination. Despite the progress made towards LGBT+ equality in recent years, many LGBT+ people still face significant barriers to leading healthy, happy and fulfilling lives. The Rainbow Badge initiative is a way for NHS staff to demonstrate that we are aware of the issues that LGBT+ people can face when accessing healthcare. The badge itself is intended to be a simple visual symbol identifying its wearer as someone who an LGBT+ person can feel comfortable talking to about issues relating to sexuality or gender identity. It shows that the wearer is there to listen without judgement and signpost to further support if needed. This is also a symbol of support for LGBT+ colleagues and so will contribute towards us creating an inclusive place to work.

4.3 The **pensions issue** continues to present challenges for the Trust and it is pleasing that the Government has launched the consultation on the options available to colleagues. The proposals include allowing people to set their own bespoke pension growth level at the start of each tax year and pay correspondingly lower contributions; an option to alter pension contributions, including topping up pensions, towards the end of the tax year, when the individual has a clearer idea of their tax situation; and individuals who receive a large pensionable pay rise being able to phase, over several years, the amount by which their new pay contributes to their pension. The intention is that the changes will become effective in the new tax year. There are still questions around who the options will be applicable to. Jo Harrison, Director of People and OD is leading on this work for the Trust and has presented the options to our senior leaders and consultant colleagues. The Trust will provide a response to the consultation and continues to monitor the impact of the current situation on activity and performance.

4.4 NHS E/I have introduced a new single oversight framework and particular changes for the Trust will be brought to the Board in October. The most significant change is that

cultural issues within NHS trusts will be monitored by NHS England's regional teams under the framework. The framework, which covers commissioners and providers, includes four new metrics drawn from the staff survey to examine bullying and harassment, teamwork and inclusivity within providers. This move recognises that there is a strong link between compassionate and inclusive leadership cultures and good organisational performance, including on finances, patient experience and staff engagement.

5. Progressing

5.1 We are continuing to make significant progress with the implementation of our Integrated Health Record (IHR). Over 85% of outpatient radiology requests are now electronic – this is fantastic progress. Breast surgery and rheumatology are working with the team to enable them to become the first specialties operating “Notes-Free” outpatient clinics, closely followed by the paediatrics and gynaecology specialties. The rollout of electronic referrals and triaging to all specialties continues and approximately two thirds of consultants have now been trained. Our digital progress continues to be an area of focus for the Board as we review and refresh our digital strategy.

6. Recommendations

The Board of Directors is requested to receive this paper as assurance and progress against both the local and national agenda, and as an update against leadership responsibilities within the CEO portfolio.

Mr Brendan Brown

Chief Executive,
Airedale NHS Foundation Trust

NHS England and NHS Improvement

Pauline.Philip@nhs.net

17 September 2019

CC: Mr. Andrew Gold

Chair,
Airedale NHS Foundation Trust

Dear Brendan,

Healthcare worker flu vaccination

The vaccination of healthcare workers against seasonal flu is a key action to help protect patients, staff and their families. Provider flu plans for 2018/19 saw a national uptake rate amongst front line staff of 70.3%, with some organisations vaccinating over 90% of staff. Our ambition is to improve on this through the actions outlined in this letter.

In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, the egg and cell-base Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s, the adjuvanted trivalent influence vaccine (aTIV) as well as QIVc.

Today, we are writing to ask you to tell us how you plan to ensure that all of your frontline staff are offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Background

Healthcare workers with direct patient contact need to be vaccinated because:

a) Flu contributes to unnecessary morbidity and mortality in vulnerable patients

b) Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues

c) Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase in vaccination may be associated with as much as a 10% fall in sickness absence

d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated

Whilst overall uptake levels have increased every year since 2015/16, there is significant variation in the uptake rates achieved as some trusts have developed excellent flu programmes that deliver very high level of vaccination coverage, however others have not made the same progress.

An evaluation of last year's flu season showed that trusts that have developed a multicomponent approach have achieved higher uptake levels. Innovative methods to reach staff, going ward-to-ward, holding static and remote drop-in clinics and encouraging staff to contact vaccinators directly have been established. Trusts also used incentives to encourage staff, and even small incentives, such as badge stickers, worked to reinforce positive messages. Above all, board and ward leadership are critically important to promote vaccination to staff, providing visibility and transparency.

In order to ensure your organisation is doing everything possible as an employer to protect staff and patients from flu, we would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce. You can also access resources including National Institute for Health and Care Excellence (NICE) guidelines: https://www.nice.org.uk/guidance/ng103 and Public Health England's Campaign Resource Centre: https://campaignresources.phe.gov.uk/resources/campaigns/92-healthcare-workers-flu-immunisation-

We are now asking that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of December 2019. Your regional lead will also work with you to share best practice approaches to help support an improvement in your uptake rates.

It is important that we can track trusts' overall progress towards the 100% ambition and all trusts will be expected to report uptake monthly during the vaccination season via 'ImmForm'.

As discussed, there is variation of uptake rates between trusts. Many trusts have made successful progress and have achieved near full participation, whilst other trusts are not increasing uptake rates quickly enough to protect staff and patients. It is important that improvements are made in those trusts. To support this, the healthcare worker flu vaccination CQUIN is in place again this year. New thresholds for payment have been set at 60% (minimum) and 80% (maximum).

We are also increasing requirements for trusts who have had low uptake rates. Each trust that was in the bottom quartile for vaccination uptake (at 61.7% or below) in the published data (Immform in 2018/19) will be required to buddy with a higher uptake trust. Working with them will provide an opportunity to learn how to prepare, implement and deliver a successful vaccination programme.

For trusts in this quartile progress will be reviewed weekly during the flu season by regional teams in addition to the monthly reporting that is provided to PHE via Immform.

In 2018/19, your trust achieved a frontline healthcare worker flu vaccination uptake rate of 76.0%. This does not put your trust in the lower quartile of trusts.

Organisations should use the Written Instruction for the administration of seasonal 'flu vaccination developed by The Specialist Pharmacy Service. NHS trusts vaccinating their own staff may consider that a PGD is more appropriate if it offers a benefit to service delivery e.g. provision by healthcare practitioners other than nurses, who may legally operate under a PGD. Health and social care workers should be offered either the egg or cell-based quadrivalent influenza vaccine. For the small number of healthcare workers aged 65 and over, if you are unable to offer the cell-based flu vaccine, these staff should ask their GP or pharmacy for an adjuvanted trivalent influenza vaccine (aTIV) which is preferable to the non-adjuvanted egg-based flu vaccine particularly if they are in an at risk group.

Finally, we are pleased to confirm that NHS England and Improvement this year is offering the vaccine to social care and hospice workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely,

Pauline Philip
National Director of Emergency and Elective Care
NHS England and NHS Improvement

Ruth May
Chief Nursing Officer
NHS England and NHS Improvement

Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	**Committed leadership** (number in brackets relates to references listed below the table)	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	
A4	Agree on a board champion for flu campaign	
A5	All board members receive flu vaccination and publicise this	
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	
A7	Flu team to meet regularly from September 2019	
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	
B3	Board and senior managers having their vaccinations to be publicised	
B4	Flu vaccination programme and access to vaccination on induction programmes	
B5	Programme to be publicised on screensavers, posters and social media	
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	
C2	Schedule for easy access drop in clinics agreed	
C3	Schedule for 24 hour mobile vaccinations to be agreed	
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	
D2	Success to be celebrated weekly	

FAO:

NHS Trust and Foundation Trust Chief Executives

STP and ICS Leaders

NHS Trust and Foundation Trust Financial Directors

Julian Kelly

Chief Financial Officer

Skipton House
80 London Road
London
SE1 6LH

England.cheiffinacialofficer@nhs.net

18 August 2019

Dear Colleagues,

Additional NHS capital funding in 2019/20

Earlier this month the Prime Minister announced a substantial increase in capital investment into the NHS. This is a significant start to addressing the critical infrastructure and maintenance issues across the NHS, and I am writing to set out the practical next steps. I should express at the outset my gratitude for the way in which you engaged with the request to set prioritised and constrained capital plans.

For 2019/20, the Government has agreed a £1.0 billion increase in the Department of Health and Social Care (DHSC) baseline capital expenditure limit.

This means that you can now revert to your original capital plans where these are funded by your trust's own income and reserves or where DHSC has already approved the business case or funding for programmes.

Trusts with existing emergency capital financing requirements that were included within the prioritised July plans should work with their regional team to progress an application for funding that can be submitted to DHSC. Subject to due process we do not anticipate additional delays in releasing these funds, so that we can proceed quickly to address critical maintenance issues. The ability of DHSC to approve any further emergency capital applications beyond this level will depend upon the national CDEL position, although we remain open to working with systems or regions who collectively wish to continue to agree prioritisation of capital spend at system level.

My request is that we collectively improve our capital forecasts and provide a taut and realistic view of the forecast outturn for your organisations in September. We will then be able to judge whether there is headroom to go further on tackling critical maintenance backlogs this year. In agreeing the level of funding that is available for emergency loans we have already assumed that there is around 10% slippage against original plans based on past behaviour.

The Government has also announced that it will provide £850 million to fund twenty new high value schemes through the Sustainability and Transformation Programme.

Trusts and systems that have had schemes approved as part of this have received confirmation from your NHS England & Improvement regional team and DHSC. Trusts will be able to access funding in the usual way through DHSC, with more details on the business case approval process to follow in due course. We will continue to develop this programme with the whole system through the Spending Review and Long Term Plan process.

This significant increase in investment and further steps that we are continuing to argue for through the Spending Review needs to be accompanied by a new capital regime. That regime needs to secure:

- clearer prioritisation at local and national level of investment;
- a stronger link to delivering increased productivity, financial efficiency;
- better use of our asset base, better patient care and delivery of the Long Term Plan goals; and
- greater strategic oversight over capital spending though the new health infrastructure plan, as set out by the Secretary of State.

Once more, I am grateful for all the work to set prioritised and constrained capital plans for 2019/20. It was an important step in demonstrating to Government the NHS ability to deliver financial control.

Yours sincerely

Julian Kelly

Chief Financial Officer

NHS England and NHS Improvement

CC

Dido Harding, Chair of NHS Improvement

David Prior Chair of NHS England

NHS England and NHS Improvement National Directors

NHS England and Improvement Regional Directors

NHS England and Improvement Financial Directors

Cllr Susan Hinchcliffe
Leader of Council
Bradford Metropolitan District Council
City Hall
Bradford
BD1 1HY

01274 432084
Susan.hinchcliffe@bradford.gov.uk

9 August 2019

To: All Health and Wellbeing Board Members

Dear Board Member

I hope you are well. I am writing to let you know that in the last year we have adopted two definitions – the IHRA definition of anti-semitism including all its manifestations and the Bradford version of the definition of Islamophobia which was most recently adopted at Full Council last month. I include these both in this letter and would encourage you as a valued partner to adopt both these too.

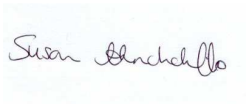
The IHRA definition of anti-semitism makes it clear that there are numerous tropes used to attempt to disguise anti-semitism. The definition calls these out and makes it clear that they are in fact anti-semitic. This is a national definition drafted by the leaders of the Jewish community which has been adopted by Government.

The definition of Islamophobia which we have adopted is a Bradford authored definition. There are many definitions in the world around Islamophobia. The Government has not yet adopted one itself but has appointed someone to start work on one. However as the ruling Group on the Council we in Bradford Labour have taken counsel on this issue locally from the Bradford Hate Crime Alliance and the Bradford Council for Mosques. Both these organisations worked with Bradford Council, led by our portfolio holder for Neighbourhoods and Communities, Cllr Abdul Jabar, to draft a definition which suits Bradford and which can be respected by all those organisations which serve Bradford citizens who are also Muslim. The work for this definition built on the work of the "Understanding Islamophobia and Anti-Muslim Hate in Bradford" report of 2016/17 which was authored by the late Jed Din of the Bradford Hate Crime Alliance and which consulted over 400 stakeholders. The working group for establishing a Bradford definition was then established and has met ever since to conclude its work.

Bradford is a welcoming place where people of all faith backgrounds and none are encouraged to live happy and fulfilled lives. I am clear that we must confront hatred and prejudice wherever we see it so that we might uphold these qualities in Bradford.

I am happy to answer any questions on either of these definitions.

Yours sincerely



Susan Hinchcliffe
Leader of Council

Encs.

ADOPTION OF IHRA DEFINITION OF ANTISEMITISM BY BRADFORD COUNCIL

1. Bradford Council opposes any form of anti-semitism. We also oppose racism against all communities, in keeping with our commitment to eradicate all acts of hatred on grounds of faith, race, ethnicity or sexual orientation.

2. This motion does not constitute a new law, Bradford Council will continue to oppose, challenge and condemn any acts of abuse by the Government of Israel against the Palestinian people and their right to establishing a democratic state.

3. The members of the Jewish community should not be blamed and held responsible for the actions of the Government of Israel.

4. Bradford Council will uphold the rights of the people of Bradford to criticise or challenge the Government of Israel or any other government, for their abuse of basic human and democratic rights.

This Council is concerned by the rise in hate crime and racism across the UK and the wider world. Bradford is rightly proud of its efforts to tackle discrimination in all its forms and as part of this work we believe that we need to build in clearer definitions of what is and isn't acceptable as part of our Equal Rights Policy, whether this relates to gender, sexuality or discrimination against people on the grounds of race, religion or culture.

Bradford Council expresses alarm at the rise in anti-semitism in recent years across the UK. As well as physical manifestations through violence and criminal damage it has also been seen in the use of anti-semitic tropes in criticism of Israel. It is legitimate to criticise the policies and practices of the Israeli Government but not if this involves using tropes and imagery of antisemitism.

Bradford Council therefore resolves to join with the Government and the major political parties in the UK in signing up to the internationally recognised International Holocaust Remembrance Alliance guidelines on antisemitism which define antisemitism thus:

> "Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, towards Jewish Community institutions and religious facilities."

The guidelines highlight manifestations as including:

- Calling for, aiding, or justifying the killing or harming of Jews in the name of a radical ideology or an extreme view of religion.
- Making mendacious, dehumanising, demonizing or stereotypical allegations about Jews as such or the power of Jews as collective such as, especially but not exclusively, the myth about a world Jewish conspiracy or of Jews controlling the media, economy, government or other social institutions.
- Accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews.

- Denying the fact, scope, mechanisms (eg gas chambers) or intentionality of the genocide of the Jewish people at the hands of National Socialist Germany and its supporters and accomplices during World War II (the Holocaust)
- Accusing the Jews as a people, or Israel as a state, of inventing or exaggerating the Holocaust.
- Accusing Jewish citizens as being more loyal to Israel, or to the alleged priorities of Jews worldwide, than to the interests of their own nations
- Denying the Jewish people their right to self-determination, eg by claiming that the existence of the State of Israel is a racist endeavour.
- Applying double standards by requiring of it behaviour not expected or demanded of any other democratic nation.
- Using the symbols and images associated with classic anti-semitism (eg claims of Jews killing Jesus or blood libel) to characterise Israel or Israelis.
- Drawing comparisons of contemporary Israeli policy to that of the Nazis
- Holding Jews collectively responsible for the actions of the state of Israel.

Council further notes:

- This motion does not constitute a law. We believe that anyone in Bradford District is free to criticise Israeli Government policy and actions in Palestine. Bradford like Britain, is built on free speech and we will always uphold the rights of citizens to engage in reasoned debate.
- We believe in the right of the Palestinians to self-determination to have their own state.
- Non-anti-semitic criticism of the policies of the government of Israel is entirely legitimate, as is the case with any country's government. The right to express such criticism is not restricted by this motion. We can and will continue to condemn the Israeli government for acts of oppression and breaches of human rights in Palestine. Examples of legitimate criticism which can be made to demonstrate these points are:
    - When the US opened its embassy in Jerusalem against international consensus, at least 58 Palestinians were killed by Israeli forces in just one day. The overwhelming majority of those killed were unarmed demonstrators. We condemn this.
    - Unarmed civilians including medical staff and children from Gaza were shot by Israeli forces in March this year. We condemn this.
    - Tens of thousands of Palestinian homes and buildings have been demolished to make way for Israeli settlements through a policy which the United Nations says is in "flagrant" breach of international law. We condemn this.
    - The decade-long blockade of Gaza has led to the collapse of its economy. On 29th June 2018 the UN said: "Residents are deprived of their most basic rights, including the rights to health, to education, and most recently, in attempting to exercise their right to freedom of expression and peaceful assembly, they were deprived of the right to life." We condemn this.
    - Khan al-Ahmar, a Bedouin village near Jerusalem, is at imminent risk of forcible demolition and transfer after the Israeli High Court of Justice upheld a demolition order for all structures in the community. We condemn this.

    - The events in the Occupied Palestinian Territories are appalling and of grave concern to the world. The policies of the Israeli government have been condemned by a broad international coalition of countries, including through at least 45 United Nations Human Rights Council resolutions since that body's creation in 2006. We add our condemnation to theirs.
- There is an urgent need for a peaceful resolution which respects the fundamental rights of Palestinians as well as Israeli citizens.

This Council resolves to:

1) Restate its condemnation of all forms of racism in all its manifestations
2) Adopt the IHRA definition of anti-semitism as the working model for challenging and confronting incidents of this form of racism. This is perfectly compatible with criticising the Israeli government.
3) Uphold the freedom of speech and the right to protest.
4) All members of the council to continue to confront and challenge all forms of racism and discrimination that exist within our society.
5) Broker more opportunities for people of all backgrounds across Bradford District to understand each other's culture, beliefs and values to grow better understanding.

Bradford definition of Islamophobia adopted by Council on 16 July 2019

Bradford is a welcoming, friendly place. We stand up against prejudice in all its forms. Everyone in Bradford District should be able to be who they are and to live a fulfilling life here. We have a commitment to eradicate all acts of hatred.

Research by the late Jed Din of Bradford Hate Crime Alliance entitled "Understanding Islamophobia and Anti-Muslim Hate in Bradford" published in 2017 found that "feelings of mistrust, not being treated equally and lack of respect from wider society is something that impacts aspects of [Muslims'] day to day lives." Consequently a "Joint Islamophobia Definition Working Group" was set up. Convened by Cllr Abdul Jabar, this Group included Bradford Hate Crime Alliance and the Bradford Council for Mosques and has been meeting since to craft a working definition for Bradford, all the while consulting with a range of people locally and nationally including academics, Imams, religious scholars and professionals to inform the development of the definition.

The resulting definition of Islamophobia is not a legal definition in its own right but builds on the current legislation and practice with the aim of ensuring that hatred and discrimination against people of the Islamic faith is eliminated in society.

The Bradford definition is as follows:

"Islamophobia is a direct or indirect act(s) of hatred and discrimination against people (individuals or groups) of Islamic faith on grounds of their belief and practice.
This could manifest in:

1. **Inciting or carrying out acts of hatred and violence against people of the Islamic faith (Muslims).**
2. **Direct or indirect acts of discrimination including policy and practice within organisations, which deny Muslims legitimate and fair access to opportunities, facilities and services because of their faith, beliefs and practice.**
3. **Denying people of the Islamic faith the opportunity to practise their faith values, free of harassment, fear of violence against them or fear of incurring discrimination and hatred against them.**
4. **Actions which perpetuate a climate of mistrust, fear and a sense of marginalisation about or within the Islamic community e.g. remarks by individuals and groups that can be made without fear of being held to account. Also use of print, social or electronic media to align and create fear and division surrounding the Muslim community."**

It is not enough just to define Islamophobia, we must also act to combat it wherever it is found. So this Council resolves to:

1. Accept the Bradford definition.
2. Work with Hate Crime Reporting centres in Bradford (28) to encourage reporting wherever incidents occur.

3. Instruct council officers to work with educational establishments outside school hours (supplementary schools) to arrange information on Islamophobia awareness.
4. Arrange talks at schools/community centres on Islamophobia to raise awareness across the district and particularly during Hate Crime Awareness Week 12th to 19th October.