

Board of Directors meeting in Public
Thursday 26 March 2020 at 12.30pm
Meeting held virtually on Microsoft Teams

Present:	Cathy Elliott	Chair of the Trust (Chair of the Board of Directors)
	Andrew Chang	Non-Executive Director
	Professor Gerry Armitage	Non-Executive Director (Deputy Chair)
	Dr Zulfi Hussain MBE	Non-Executive Director (up to agenda item 11)
	Simon Lewis	Non-Executive Director
	Carole Panteli	Non-Executive Director (Senior Independent Director)
	Brent Kilmurray	Chief Executive
	Phil Hubbard	Director of Nursing, Professions and Care Standards (from agenda item 10)
	Paul Hogg	Director of Corporate Affairs
	Sandra Knight	Director of Human Resources and Organisational Development
	Tim Rycroft	Chief Information Officer
	Liz Romaniak	Director of Finance, Contracting and Facilities
	Patrick Scott	Chief Operating Officer
	Dr David Sims	Medical Director
 In Attendance:	Sarah Jones	Special Advisor to the Board of Directors
	Fran Limbert	Corporate Governance Manager and Deputy Trust Board Secretary
	Awais Siddique	Corporate Business Manager (observing)
	Three Governors, two representing public constituencies and one representing a staff constituency.	

Minutes

Item	Discussion	Action
3660	Welcome and Apologies for Absence (agenda item 1)	
	The Chair, Cathy Elliott, opened the virtual meeting via Microsoft Teams at 12.30pm, and explained that Mrs Hubbard would join the meeting following completion of the Trust's Covid-19 related Silver Command meeting.	

Ms Elliott welcomed Governors Joyce Thackwray, Linzi Maybin and Nick Smith to the meeting, and thanked them for joining via Microsoft Teams to observe. She went on to thank Trust colleagues for their hard work and dedication in preparing for the Covid-19 pandemic. The Board noted that work had already taken place to support the emergency planning and preparedness in response to the pandemic.

The Board noted that two topics that had been scheduled as Board Development Sessions: Developing the Risk Management Strategy; and Continually improving the use of Data in Quality Improvement, would be discussed as part of the Board of Directors meeting held in public on 26 March 2020.

The Board of Directors was quorate.

3661 Declarations of and Conflict of Interest (agenda item 2)

No conflicts of interest were made in respect of agenda items to be discussed.

3662 Questions Received (agenda item 3)

The Corporate Governance Manager explained that no advance questions had been received.

3663 Minutes of the previous meeting held in public on 30 January 2020 (agenda item 4)

The minutes of the public Board of Directors meeting held on 30 January 2020 were agreed as a true and accurate record.

3664 Matters Arising (agenda item 5)

The Board noted that there were no matters arising.

3665 Action Log (agenda item 6)

Ms Limbert presented the cumulative action log which showed those actions previously agreed by the Board, those that had been completed, and those that were still outstanding. The following updates were noted:

- 30/01/20-1: The Medical Director explained that the discussion with the Medical Director and Chief Nurse at Bradford Teaching Hospital NHS Foundation Trust had taken place in relation to treatment of patients with Learning Disabilities. The Board agreed to close the action.
- 30/01/20-7: Ms Limbert explained that due to the Covid-19 pandemic the Chief Information Officer Report had been deferred from the public

Board meeting taking place 26 March 2020. She outlined that she was managing a new process to support business continuity with the corporate governance meetings and explained that she would be providing secretariat support to all Board sub-committee meetings to ensure continued strong governance during the Covid-19 pandemic.

The Board of Directors agreed to close the actions that had been recognised as complete, and welcomed the additional updates provided.

3666 Escalation and Assurance Report – Finance, Business and Investment Committee (agenda item 7.1)

Mr Chang presented a verbal report from the Finance, Business and Investment Committee that had met on 23 March 2020. He outlined that the Committee had discussed the 2020/21 financial and operational plan and contracting arrangements and had agreed a recommendation to present to the Board of Directors on 26 March 2020. He explained that the Strategic Outline Case for the Lynfield Mount redevelopment had been scrutinised by the Committee which had resulted in a preferred option for the redevelopment being presented to the Board on 26 March 2020. The Committee heard that the Fire and Arson Policy; and the Health and Safety Policy had been reviewed by the Committee, and both had been approved subject to minor revisions being made to them.

Finally, Mr Chang informed the Committee that the Chief Executive had made a declaration that he had approved the purchase of 2,000 units of hand sanitiser at a total cost of £4,250 from a local company who were producing the units in response to the Covid-19 pandemic in order to provide supplies to business across Bradford. The company who supplied the product was co-owned by Rupy Hayre, Governor Public: Bradford East. The Corporate Governance Manager outlined the process for managing conflicts of interests in line with the NHS England Guidance which included a Register of Board Interests and a Register of Governors Interests.

The Board of Directors welcomed the escalation and assurance report from the Finance, Business and Investment Committee meeting held on 23 March 2020.

3667 Escalation and Assurance Report – Mental Health Legislation Committee (agenda item 7.2)

Mrs Panteli presented a verbal report from the Mental Health Legislation Committee that had met on 24 March 2020. She outlined that the Committee had received an update report on the progress made on training and the application of the Mental Capacity Act and Care Planning Approach. The Board noted the significant improvements that had been made within the

workstream. She went onto say that a discussion had taken place on the Trust's Conveyancing Policy and outlined that a multi-agency discussion would take place to ensure that organisational policies aligned sufficiently. Finally, the Committee noted that work had taken place to develop the terminology utilised in Committee reports to align it to the language presented within the Mental Health Act Code of Practice.

The Board of Directors welcomed the escalation and assurance report from the Mental Health Legislation Committee meeting held on 24 March 2020.

3668 Corporate Risk Register (agenda item 8)

On behalf of Mrs Hubbard, the Director of Corporate Affairs presented the Corporate Risk Register and outlined that the report, as the last one presented during the 2019/20 financial year, would be the report that the assurance data within the Annual Governance Statement would be based on. He explained that there had been one new corporate risk added to the register: risk 2370 – Covid-19, impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period. The risk had been rated at 25. Mr Hogg went onto inform the Board that there was 15 red risks within the register which was an increase in four since the report was last presented to the Board of Directors.

Mr Hogg then drew the Board's attention to the new red risks included in the report that were duplicate records. The Board noted that the risks had been presented to the Quality and Safety Committee and were being managed by the Risk Management Team who were liaising with the Service Managers to resolve the duplicate record query. Professor Armitage noted **Risk 2362 (200 unallocated cases of mental health care within the Bradford North Community Mental Health Team) and asked whether additional detail could be shared on the risk as soon as was practicable.**

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The Board noted the red risks presented within the report. Professor Armitage asked what mitigations were in place for Risk 2256 (inability to post warnings of clinical trial participation from research and development). The Medical Director responded to outline that progress made had been documented with additional work scheduled to ensure that the opportunities associated with this risk were progressed accordingly. The Chief Information Officer outlined discussions that had taken place with John Hiley, Head of Research and Knowledge Services and **it was agreed that an update report would be presented to outline the next steps associated with this workstream.**

John Hiley

Mrs Panteli drew the Boards attention to the language used on Risk 2321 (reduction of social care packages), and **suggested that work took place to review the risk to enquire if the right terminology had been used of**

PS

whether it should be updated to reflect the risk. It was agreed that a report would be presented to the Quality and Safety Committee on the outcome of the discussion.

Finally, Ms Elliott referred Risk 2347 (delivery of the 0-19 contract), and asked for an update to be provided to the Board on the contract. The Director of Finance, Contracting and Facilities responded to outline that Bradford Council had agreed to provide £800,000 non-recurrent funding to the financial gap within the existing contract. She explained that Mrs Hubbard and Michelle Smith, Interim General Manager Adult and Children's Care Group, were engaged in ongoing discussions with the Council and continued to explore the contracts pre-agreed key performance indicators. The Board noted that despite the additional non-recurrent funding provided by the Council, a financial funding gap remained.

The Board of Directors welcomed the update report on the Trust's Corporate Risk Register and noted the detail provided.

3669 Board Assurance Framework (agenda item 9)

Mr Hogg presented the Board Assurance Framework and outlined that the report, as the last one presented during the 2019/20 financial year, would be the report that the assurance data within the Annual Governance Statement would be based on. He explained that since the report had last been presented to the Board, no risks had been added or removed, and there had not been any amendments to risk scores. Mr Hogg asked **whether Risk 2370 (Covid-19, impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period), should be added to the Board Assurance Framework, and the Board agreed.**

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Ms Elliott noted the Trust's aspirations for the Assessment and Treatment Unit to provide the best quality therapeutic care. The Board noted the national work taking place on the Transforming Care workstream and how the Trust could facilitate delivery of this across West Yorkshire and Harrogate. Mrs Romaniak outlined that a Strategic Outline Case for the redevelopment of Lynfield Mount was being developed that would look at how the site could be utilised to provide a clinically-led recovery focused environment. The Board noted that the current provision at Lynfield Mount Hospital was not fit for purpose and noted that the Finance, Business and Investment Committee and Board would receive further information of the redevelopment in due course.

The Board of Directors welcomed the report on the Board Assurance Framework and considered the controls and assurances in place, the gaps in controls and the actions identified in mitigation.

3670 Chair's Report (agenda item 10)

Ms Elliott presented the Chair's Report and highlighted that Professor Armitage had been appointed at the Deputy Chair, and Mrs Panteli has been appointed as the Senior Independent Director. The Board noted that both appointments had been supported by the Council of Governors. She provided an update on the appointment process and assessment centre that had taken place for a Non-Executive Director vacancy, and outlined that a proposal would be presented to the Council of Governors on 2 April 2020 for consideration and details of a recommendation from the Governor Nominations Committee.

The Board then heard of the work underway in response to the Covid-19 pandemic and the Trust's emergency planning and preparedness. The Board noted that a Board level Business Continuity Plan Panel had been established to review the business continuity plans for both corporate and clinical service areas. Ms Elliott outlined the supporting governance framework for the emergency planning and preparedness workstream, and outlined how the Executive Management Team were involved and what duties they had fulfilled. The Board thanked all Trust colleagues for their hard work and commitment during the Covid-19 pandemic.

Next, Ms Elliott shared with the Board an update on the engagement event with voluntary and community sector (VCS) partners that the Trust had facilitated. Taking place on 10 March 2020, the event brought together 70 individuals, including representatives from the local authority; clinical commissioning groups; and Bradford Care Alliance with VCS partners. The Board noted that results of the BDCFT & VCS event would be shared in due course and the event provided a step forward in working in partnership locally on service provision.

Finally, Ms Elliott shared with the Board that she had visited the Trust's First Response mental health helpline based at Lynfield Mount site on 26 February, 2020, along with two Public Governors. The opportunity was welcomed by the Governors to find out more about the service, understand continuous improvements taking place, following a Rapid Process Improvement Workshop, and have an opportunity to observe the Chair raising queries and sharing feedback with the service. The Chair will explore in future similar service visits with Governors, as appropriate.

The Board of Directors thanked Rob Vincent for fulfilling the Non-Executive Director role and welcomed the opportunity to formally hear the outcome of the appointment process for Mr Vincent's successor.

3671 Chief Executive's Report (agenda item 11)

The Chief Executive provided an update on key activities that had taken place or the Trust was involved with. He began with providing an update on the preparations for the Covid-19 pandemic and work underway within the Trust in response. He informed the Board that the Trust had been operating in incident preparation mode for three weeks, and said that the national incident had been declared at level four. The Trust had not declared a major incident as yet, though the Board was to note this would happen in the near future, moving from preparation phase. The Board noted that nationally the pandemic had been declared as a level four incident with work taking place to approve legislation, the Covid-Bill. He explained that an incident management framework had been initiated within the Trust and outlined how the Trust was working with partners which included participating in the Gold Command discussions. Mr Kilmurray outlined the governance framework supporting the internal incident management and confirmed that Mrs Hubbard was the Incident Director. An Incident Control Team had been established which would be available between 8.00am and 8.00am. The Board heard that the Board level Business Continuity Plan Panel had scrutinised the corporate and clinical business continuity plans with the Panel reporting that the process had been rigorous. Mr Kilmurray informed the Board that 350 colleagues had symptoms of Covid-19; and 1,190 colleagues had been requested to work from home. Five cells within the Trust had been established to support the response to the incident, each lead by an executive Director: clinical; operational; workforce; corporate; and communications. The Trust had good levels of personal protective equipment (PPE), and additional supplies were procured continually. Mr Kilmurray explained that the Trust was working closely with partners and national bodies with conversations and reporting taking place daily.

Professor Armitage queried whether Risk 2370 (Covid-19, impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period), should be expanded to include informatics risks. Mrs Romaniak outlined discussions that had taken place at the Corporate Cell and mitigating actions that had been agreed. She said that a review of essential and non-essential services had taken place, and informed the Board on engagement with the Informatics Teams to support their wellbeing. The Board noted that stress testing of the information technology system had taken place, with further continuous improvement work taking place to provide guidance to further support colleagues. The Chief Information Officer said that work would take place to identify high priority roles to support risk mitigations within the Informatics Service, and outlined the work that had taken place to support colleagues to work agile by increasing the number of Trust technology devices.

Mr Lewis noted that an expected national increase in demand to health and social care services would be seen as a result to the Covid-19 pandemic. He

asked how the Trust was working with social care partners. Mr Kilmurray responded to outline work taking place lead by Zoe Duffy, Managing Director at Formations Care Service, to support the alignment of health care and social care services across the district. The Chief Operating Officer outlined work taking place on demand and service user flow which was being undertaken in partnership with providers of NHS commissioned services and local authorities. He explained that colleagues felt anxious of the unknown impact of Covid-19 and outlined discussions that were taking place to support wellbeing. The Medical Director informed the Board that the Trust's Psychological Therapy Service was providing wellbeing support both internally and externally across the district. The Board heard that work had taken place within the Trust to review the outcome learning reports that had been drafted by Clinicians in China in response to the pandemic in Wuhan City, China.

Mrs Jones asked if any work had taken place across the district to understand whether colleagues or equipment may be redeployed. Mr Kilmurray responded to say that nationally work was taking place to identify ventilator systems. He explained that the Trust's services had high occupancy rates in response to an increase in demand for health services.

Next, Mr Kilmurray provided an update on the Care Quality Commission (CQC) workstream and outlined that the Trust had received a re-inspection of mental health inpatient and psychiatric intensive care unit services that had commenced on 10 March 2020. The Board noted that a report following the re-inspection would be provided by the CQC around 50 days following the last date of the re-inspection. Mr Kilmurray said that colleagues felt proud of the continuous improvement work that had taken place within the services and had outlined during the re-inspection good practice and improvements that had been made. The Trust was engaging with the CQC on two areas: new anti-ligature anti-barricade doors; and care plans. The Board heard that the Trust actively reviewed benchmarking and learning from other providers of NHS funded services as part of the continuous improvement for the CQC workstream. The Board thanked all colleagues who had been involved with the continuous improvements and CQC inspections.

Finally, Mr Kilmurray drew the Board's attention to the information provided within the report on the: preparations for leaving the European Union; Champions Show the Way (CSTW) being asked by Public Health England to present at a King's Fund conference on Community is the Best Medicine, in relation CSTW's community centred approach; West Yorkshire and Harrogate Partnership Board meeting; and the devolution deal for West Yorkshire that had been agreed.

The Board of Directors noted the contents of the Chief Executive's Report and confirmed it had gained assurance on the COVID-19

preparations, following the discussion held at the meeting. The Board thanked colleagues and partners for their support.

3672 Proposal for the Establishment of an Ethics Committee (agenda item 12)

Mrs Hubbard and Mr Siddique joined the meeting following the completion of the covid-19 related Silver Command meeting.

Mr Elliott informed the Board that a Clinical and Management Ethics Committee had been proposed to be established to support the Trust's response to the Covid-19 pandemic. The Committee would advise and support the Chief Executive and Senior Leaders in any substantial, Trust-wide decisions or risks with ethic implications that would require immediate oversight. The Board noted the supporting governance framework for the new Committee and heard from Dr Sims on the types of workstreams that could be reviewed by the Committee. He went on to say that the Committee had met for the first time on 24 March 2020, operating with a final draft Terms of Reference, drawn-up by Board members. At the first meeting the Committee discussed the Trust's Smoking Cessation Policy which resulted in a recommended temporary revision of the policy to the Silver Command for approval and circulation. The Committee's recommendation on 24 March and Silver Command's approval of the policy revision on 25 March is brought to Board today for ratification.

The Board of Directors welcomed the creation of the Clinical and Management Ethics Committee; approved its Terms of Reference; and ratified Silver Command's approval of a revision to the Trust's Smoking Cessation Policy due to the Covid-19 situation.

3673 Any Other Business: Refreshed Scheme of Delegation and Standing Financial Instructions (agenda item 13.1)

Mr Hogg presented the report that outlined proposed amendments to be made to the Standing Finance Instructions and Scheme of Delegation. He outlined that they had been reviewed in response to the Covid-19 pandemic, with proposed revisions suggested for approval by the Board of Directors. The Board noted the proposed amendments and agreed that they further enhanced the documents to better outline the Trust's business planning arrangements to ensure a continuity of service. Mr Hogg outlined the proposed amendment to the tender and contracting process and said that they were in line with HMFA financial guidance. The supporting governance arrangements for the management of policy and procedure revisions in response to the Covid-19 pandemic had been noted by the Board. **It was agreed that a report on the revisions to policies and procedures would be presented to the Board.**

**Nicola
Mortimer**

The Board of Directors noted the suggested revisions presented within the Scheme of Delegation; and Standing Financial Instructions and approved the revisions.

3674 Any Other Business: Further Strengthening and Integrating the Trust Assurance Process (agenda item 13.2)

A report on the continuous improvement work to further strengthen the Trust's governance and assurance processes was received. The Board noted that the proposal presented for a Data Pack that comprised of Dashboards supported by individual data charts would support assurance activity across the Trust, including at Committee level. The process would be supported by daily lean management, and leadership communication-cells in line with the Care Trust Way framework.

The Board of Directors noted the information presented within the report and welcomed the continuous improvement work to further enhance the Trust's governance and assurance processes. Example working dashboards would be shared at future Committee and Board meetings to test and develop the proposal.

3675 Any Other Business: Risk Management Strategy (agenda item 13.3)

The refreshed Risk Management Strategy was presented. The strategy would be from 2020 to 2024 and replaced the last version that expired 2019. The Board noted the aspirations associated with the refreshed strategy and the supporting timeline. Mr Chang had worked with Jenny Wilkes, Deputy Director of Risk, Compliance and Nursing, through the consultation stage of the strategy refresh. The Board noted the Trust's robust risk management framework and how colleagues were supported with delivery of this workstream. The Chair invited Board members to send any detailed comments to Mrs Wilkes, ideally before the next Board meeting. Mr Kilmurray requested that the **Strategy is included at next month's Board meeting for further discussion and development at Board level which the Board agreed to.**

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The Board of Directors supported the direction of travel within the refreshed Risk Management Strategy 2020 to 2024; agreed to provide comment on the Strategy by the end of April; and agreed to revisit the strategy for final approval at a future Board meeting, subject to Covid-19 preparations.

The Chair thanked the Governor attendees for observing the meeting virtually, and the Board members for the contributions made. The Chair closed the meeting at 1.50pm.

The meeting was followed by a short virtual Question and Answer session offered to Governors on covid-19 preparations with the Chair and Chief Executive, and it was taken up by Staff Governor Linzi Maybin.

Signed:.....

Date:.....